

**TP-11 Products Sold in Interstate Commerce**

Do not write above this line.

Read this information first

Attach this schedule to Form TP-1, Tobacco Products Tax Return, when you claim a deduction on Form TP-1, Line 11, for merchandise sold and shipped outside of Illinois. If you had more than 14 invoices for products you sold or shipped in interstate commerce during the month for which you are filing, additional Forms TP-11 must be completed. You can use our **WebFile** program to file your return electronically at **tax.illinois.gov**. We will accept a computer-generated schedule as long as we approve its format and content prior to use. To obtain approval, please send a copy of your format to: Office of Publications Management, Illinois Department of Revenue, 101 West Jefferson Street, MC 3-375, Springfield, Illinois 62702.

Step 1: Identify your business

- 1 Business name _____ 3 Account ID: _____
- 2 Address: _____ 4 License no. TP – _____
Number and street
- City _____ State _____ ZIP _____ 5 For what month are you filing this schedule? _____ / _____ / _____
Month Year

Step 2: Complete the following for products sold and shipped in interstate commerce

Customer name, address, and FEIN	Reference or invoice number	Date	Wholesale price*
1 _____ Name Street address _____ City _____ State _____ ZIP _____ FEIN: _____ - _____	_____	_____/_____/_____ Month Day Year	\$ _____
2 _____ Name Street address _____ City _____ State _____ ZIP _____ FEIN: _____ - _____	_____	_____/_____/_____ Month Day Year	\$ _____
3 _____ Name Street address _____ City _____ State _____ ZIP _____ FEIN: _____ - _____	_____	_____/_____/_____ Month Day Year	\$ _____
4 _____ Name Street address _____ City _____ State _____ ZIP _____ FEIN: _____ - _____	_____	_____/_____/_____ Month Day Year	\$ _____
5 _____ Name Street address _____ City _____ State _____ ZIP _____ FEIN: _____ - _____	_____	_____/_____/_____ Month Day Year	\$ _____

Complete back page if more lines are needed in Step 2.**Step 3: Figure your total**

Add the wholesale price of products sold and shipped in interstate commerce from all Forms TP-11 you are filing for the month listed in Step 1. Transfer this grand total amount to Form TP-1, Step 2, Line 11. \$ _____

* The wholesale price is the established list price for which a manufacturer sells tobacco products to a distributor. In the absence of an established list price, the manufacturer's invoice price at which he or she sells the tobacco products to an unaffiliated distributor will be used as the wholesale price. The wholesale price is the price established before any discount, trade allowance, rebate, or other reduction.



Step 2: Complete the following for products sold and shipped in interstate commerce (Cont.)

	Customer name, address, and FEIN	Reference or invoice number	Date	Wholesale price*
6	Name _____ Street address _____ City _____ State _____ ZIP _____ FEIN: _____ - _____	_____	____/____/____ Month Day Year	\$ _____
7	Name _____ Street address _____ City _____ State _____ ZIP _____ FEIN: _____ - _____	_____	____/____/____ Month Day Year	\$ _____
8	Name _____ Street address _____ City _____ State _____ ZIP _____ FEIN: _____ - _____	_____	____/____/____ Month Day Year	\$ _____
9	Name _____ Street address _____ City _____ State _____ ZIP _____ FEIN: _____ - _____	_____	____/____/____ Month Day Year	\$ _____
10	Name _____ Street address _____ City _____ State _____ ZIP _____ FEIN: _____ - _____	_____	____/____/____ Month Day Year	\$ _____
11	Name _____ Street address _____ City _____ State _____ ZIP _____ FEIN: _____ - _____	_____	____/____/____ Month Day Year	\$ _____
12	Name _____ Street address _____ City _____ State _____ ZIP _____ FEIN: _____ - _____	_____	____/____/____ Month Day Year	\$ _____
13	Name _____ Street address _____ City _____ State _____ ZIP _____ FEIN: _____ - _____	_____	____/____/____ Month Day Year	\$ _____
14	Name _____ Street address _____ City _____ State _____ ZIP _____ FEIN: _____ - _____	_____	____/____/____ Month Day Year	\$ _____

