Use your mouse or Tab key to move through the fields. Use your mouse or space bar to enable check boxes.

Illinois Department of Revenue

TP-14 Moist Snuff Sold and Shipped 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 21, for moist snuff sold and shipped outside of Illinois. If you need to identify more than 14 invoices, additional Forms TP-14 must be completed.

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 _____

2 Address: _____
Number and street

_____
City State ZIP

3 Account ID: _____ _____ _____ _____ _____ _____ _____ _____

4 License no. TP – _____ _____ _____ _____ _____

5 For what month are you filing this schedule? _____/_____
Month Year

Step 2: Complete the following information for moist snuff sold or shipped in interstate commerce

	Customer name, address, and FEIN	Reference or invoice number	Date	Number of ounces
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 ounces of moist snuff from all Forms TP-14 you are filing for the month listed in Step 1.
Transfer this grand total amount to Form TP-1, Step 3, Line 21. _____

This form is authorized as outlined by the Tobacco Products Tax Act of 1995. Disclosure of this information is REQUIRED. Failure to provide information could result in penalties.

Step 2: Complete the following for moist snuff sold or shipped in interstate commerce (Cont.)

	Customer name, address, and FEIN	Reference or invoice number	Date	Number of ounces
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	

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