



TP-15 Moist Snuff Sold to Other Distributors/Wholesalers

Do not write above this line.

Read this information first

Attach this schedule to Form TP-1, Tobacco Tax Return, when you claim a deduction on Form TP-1, Line 22, for moist snuff sold to other distributors/wholesalers. If you need to identify more than 14 invoices, additional Forms TP-15 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 sales to other distributors/wholesalers

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-15 you are filing for the month listed in Step 1. Transfer this grand total amount to Form TP-1, Step 3, Line 22.



Step 2: Information for sales to other distributors/wholesalers (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	_____

