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-16 Schedule of Returned Moist Snuff

Read this information first

Do not write above this line.

Attach this schedule to Form TP-1, Tobacco Tax Return, when you claim a deduction on Form TP-1, Line 23, for moist snuff returned to you by your customers on which you have already paid tax. Do not complete this schedule for returned moist snuff on which you did not pay tax. If you need to identify more than 14 invoices, additional Forms TP-16 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 returned moist snuff

	Customer name, address, and FEIN	Reference or invoice number	Date	Number of ounces returned
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-16 you are filing for the month listed in Step 1. Transfer this grand total amount to Form TP-1, Step 3, Line 23. _____

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 information on returned moist snuff (Cont.)

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

Reset Print