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-17 Other Deductions for Moist Snuff

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 24, for a reason other than moist snuff sold and shipped in interstate commerce, sales to other distributors, or returned merchandise. Complete this form with a brief description of the deduction (*i.e.* weight-based tobacco products sold to a U.S. government agency). Samples are not allowable deductions.

If you need to identify more than 14 invoices, additional Forms TP-17 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 to support your other deductions

	Reason for deduction	Reference or invoice number	Date	Number of ounces
1	_____	_____	___/___/___ Month Day Year	_____
2	_____	_____	___/___/___ Month Day Year	_____
3	_____	_____	___/___/___ Month Day Year	_____
4	_____	_____	___/___/___ Month Day Year	_____
5	_____	_____	___/___/___ 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-17 you are filing for the month listed in Step 1. Transfer this grand total amount to Form TP-1, Step 3, Line 24. _____

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 to support your other deductions (Cont.)

	Reason for deduction	Reference or invoice number	Date	Number of ounces
6			___/___/___ Month Day Year	
7			___/___/___ Month Day Year	
8			___/___/___ Month Day Year	
9			___/___/___ Month Day Year	
10			___/___/___ Month Day Year	
11			___/___/___ Month Day Year	
12			___/___/___ Month Day Year	
13			___/___/___ Month Day Year	
14			___/___/___ Month Day Year	

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