

**TP-19 E-cigarette Products Sold to Other Distributors/Wholesalers****Read this information first**

Do not write above this line.

Attach this schedule to Form TP-1, Tobacco Products Tax Return, when you claim a deduction on Form TP-1, Line 32, for merchandise sold to other distributors/wholesalers. If you need to identify more than 13 invoices, additional Forms TP-19 must be completed. You can file your return electronically at **mytax.illinois.gov**.

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 information for sales to other distributors/wholesalers

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

Complete back page if more lines are needed in Step 2.

Step 3: Figure your total

Add the wholesale price of all e-cigarette products sold to other distributors from all Forms TP-19 you are filing for the month listed in Step 1. Transfer this grand total amount to Form TP-1, Step 4, Line 32. \$ _____

* The wholesale price is the established list price for which a manufacturer sells e-cigarette products to a distributor. In the absence of an established list price, the manufacturer's invoice price at which he or she sells the e-cigarette 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: Information for sales to other distributors/wholesalers (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	\$ _____