



# TP-20 Schedule of Returned E-cigarette Merchandise for Tobacco Products Tax

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 33, for merchandise returned to you by your customers on which you have already paid tax. Do not complete this schedule for returned merchandise on which you did not pay tax. If you need to identify more than 13 invoices, additional Forms TP-20 must be completed.

You can file your return electronically at [mytax.illinois.gov](http://mytax.illinois.gov).

## Step 1: Identify your business

1 Business name \_\_\_\_\_ 3 Account ID: \_\_\_\_\_

2 Address: \_\_\_\_\_ 4 License no. TP – \_\_\_\_\_  
Number and street

\_\_\_\_\_ 5 For what month are you filing this schedule? \_\_\_\_/\_\_\_\_/\_\_\_\_  
City State ZIP Month Year

## Step 2: Complete the following information for returned merchandise

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

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

## Step 3: Figure your total

Add the wholesale price of returned merchandise from all Forms TP-20 you are filing for the month listed in Step 1. Transfer this grand total amount to Form TP-1, Step 4, Line 33.

\$ \_\_\_\_\_

\* 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: Complete the following information on returned merchandise (Cont.)**

<b>Customer name, address, and FEIN</b>	<b>Reference or invoice number</b>	<b>Date</b>	<b>Wholesale price* of returned merchandise</b>
<b>6</b> _____ Name	_____	____/____/____ Month Day Year	\$ _____
_____			
Street address                                  City                                  State                                  ZIP			
FEIN: _____ - _____			
<b>7</b> _____ Name	_____	____/____/____ Month Day Year	\$ _____
_____			
Street address                                  City                                  State                                  ZIP			
FEIN: _____ - _____			
<b>8</b> _____ Name	_____	____/____/____ Month Day Year	\$ _____
_____			
Street address                                  City                                  State                                  ZIP			
FEIN: _____ - _____			
<b>9</b> _____ Name	_____	____/____/____ Month Day Year	\$ _____
_____			
Street address                                  City                                  State                                  ZIP			
FEIN: _____ - _____			
<b>10</b> _____ Name	_____	____/____/____ Month Day Year	\$ _____
_____			
Street address                                  City                                  State                                  ZIP			
FEIN: _____ - _____			
<b>11</b> _____ Name	_____	____/____/____ Month Day Year	\$ _____
_____			
Street address                                  City                                  State                                  ZIP			
FEIN: _____ - _____			
<b>12</b> _____ Name	_____	____/____/____ Month Day Year	\$ _____
_____			
Street address                                  City                                  State                                  ZIP			
FEIN: _____ - _____			
<b>13</b> _____ Name	_____	____/____/____ Month Day Year	\$ _____
_____			
Street address                                  City                                  State                                  ZIP			
FEIN: _____ - _____			