



TP-21 Other Deductions for E-cigarette Products

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 34, for a reason other than e-cigarette products 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. cost of e-cigarette products sold to a U.S. government agency). Samples are not allowable deductions. If you need to identify more than 13 invoices, additional Forms TP-21 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

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

Step 2: Complete the following to support your other deductions

Reason for deduction	Reference or invoice number	Date	Wholesale price*
1 _____	_____	____/____/____ <small>Month Day Year</small>	\$ _____

2 _____	_____	____/____/____ <small>Month Day Year</small>	\$ _____

3 _____	_____	____/____/____ <small>Month Day Year</small>	\$ _____

4 _____	_____	____/____/____ <small>Month Day Year</small>	\$ _____

5 _____	_____	____/____/____ <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 all your e-cigarette products' other deductions from all Forms TP-21 you are filing for the month listed in Step 1. Transfer this grand total amount to Form TP-1, Step 4, Line 34. \$ _____

* 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 to support your other deductions (Cont.)

Reason for deduction	Reference or invoice number	Date	Wholesale price*
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	\$ _____