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-7 Schedule of Returned 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 13, 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 14 invoices, additional Forms TP-7 must be completed.

You can use our **WebFile** program to file your return electronically at **tax.illinois.gov.** 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 merchandise

	Customer name, address, and FEIN	Reference or invoice number	Date	Wholesale price* of returned merchandise
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 wholesale price of returned merchandise from all Forms TP-7 you are filing for the month listed in Step 1. Transfer this grand total amount to Form TP-1, Step 2, Line 13. $_____

* The wholesale price is the established list price for which a manufacturer sells tobacco products to a distributor. In the absence of an established list price, the manufacturer's invoice price at which he or she sells the tobacco 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.)

	Customer name, address, and FEIN	Reference or invoice number	Date	Wholesale price* of returned merchandise
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	$

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