Illinois Department of Revenue
TP-1 Uniform Tobacco Products Tax Return

Taxpayer Name

☐ Amended Return

Location Address

Street address - **No** PO Box number | Apartment or suite number | City | State/Province | ZIP/Postal Code

Reporting Period _____
Month Year

Email Address

Illinois Tobacco Products License Number

Federal Employer Identification Number (FEIN)

	OTP (wholesale price)	E-cigarette (wholesale price)	Moist Snuff (ounces)	Total
Tobacco Products Sold or Dispersed				
1 Total Amount to all Customers.				
Deductions				
2 In State Returns (Returns from customers within Illinois.)				
3 Exempt Transactions				
3a Native				
3b Licensed Distributor or Wholesaler				
3c Military, Federal Government, or other Exempt transaction				
3d Interstate Commerce				
4 **Total Deductions** (Add Lines 2, 3a, 3b, 3c, and 3d.)				
5 **Net Taxable Amount** (Subtract Line 4 from Line 1.)				
6 Tax Rate by State Description				
7 Tax Amount (Multiply Line 5 times Line 6.)				
8 Credit to Apply				
9 Total (Subtract Line 8 from Line 7.)				

Sign below

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

_____ _____ ____/____/_____
Taxpayer Name Title Date

This form is authorized as outlined by the Tobacco Products Tax Act of 1995. Disclosure of this information is REQUIRED. Failure to provide information may result in this form not being processed and may result in a penalty.

Printed by the authority of State of Illinois - Electronic only, one copy