

Taxpayer Name		Amended Return		
Lo	cation Address			
Stre	tet address - No PO Box number Apartment or suite number	City	State/Province	ZIP/Postal Code
R	eporting Period		Email Address	
IIIi	nois Tobacco Products License Number		Federal Employer Identification Number (FEIN)	
			OTP E-cigarette Moist Snuff	Total
Гok	pacco Products Sold or Dispersed		(wholesale price) (wholesale price) (ounces)	
1	Total Amount to all Customers.			
Эе	ductions			
2	In State Returns (Returns from customers within Illinois.)			
3 E	xempt Transactions			
	Native			
3b	Licensed Distributor or Wholesaler			
	Military, Federal Government, or other Exempt transaction			_
d	Interstate Commerce			ᆜ
1	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.)			
3	Credit to Apply			
9	Total (Subtract Line 8 from Line 7.)			
3iç	n below			
	Under penalties of perjui, I state that I have examined this ref	turn a	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.