



This report is due on or before the 20th day following the end of the calendar quarter. For example: 1st quarter is January-March, this form is due on or before April 20. Civil penalties start at \$200.00 for late filed, incomplete, or false reports.

1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

Year: _____ Permit number: _____

Business name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Check this box; if there were no Iowa purchases or sales of cigarettes, little cigars, or roll-your-own tobacco products during the calendar quarter.

You must file this report even if you had no sales or purchases.

Brand specific manufacturer information for actual amount of product sold in Iowa

Include all purchases of all brands of cigarettes, including little cigars and roll-your-own tobacco products, sold in Iowa. This includes brands of signatories of the Master Settlement Agreement (Participating Manufacturers) and brands of all Non-Participating Manufacturers (NPM).

Circle either (O) Original Participating, (S) Subsequent Participating or (N) Non-Participating for each manufacturer.

Brand names: List only one entry for all types of the same brand. Do not split out into Lights, Kings, 100's, Menthol, etc., for each brand. One total per brand per quarter is needed to be considered as complete. Incomplete reports will be sent back to the distributor for completion.

Business name: _____

Permit number: _____ Calendar quarter: 1st 2nd 3rd 4th

Select type of product listed on this page (select only one). Use new page for sales of other product types.

Cigarettes Little Cigars Roll-Your-Own

Seller	Street Address, City, State, and Zip	Manufacturer if Different than Seller	Type of Manufacturer	Brand	Number of Sticks or Ounces with IA Tax Paid
			O / S / N		
			O / S / N		
			O / S / N		
			O / S / N		
			O / S / N		
			O / S / N		
			O / S / N		
			O / S / N		
			O / S / N		
			O / S / N		
			O / S / N		
			O / S / N		
			O / S / N		
			O / S / N		
			O / S / N		

Total: _____

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this report, and, to the best of my knowledge and belief, it is true, correct, and complete. I declare that I am authorized to act on behalf of the taxpayer, and will only act within my authority.

Authorized signature: _____ Date: _____

Title: _____ Email: _____

Submit this form to:

Mailing Address:
ATTN Cigarette/Tobacco
Iowa Department of Revenue
Alcohol & Tax Compliance Division
PO Box 10472
Des Moines IA 50306-0472

OR
Delivery Address:
Iowa Department of Revenue
Hoover Building, Cigarette Tax
1305 E Walnut
Des Moines IA 50319

Questions: Contact us by phone at: 515-281-3114 or by email at: IDRCigarette@iowa.gov.