Iowa Department of REVENUE

Iowa In-State Distributors Schedule C

Reporting of Out-of-State Sales of Cigarettes

tax.iowa.gov

Permit number: _____ Federal Employer Identification Number: _____

Business name: _____ Doing business as: _____

Address: _____

City: _____ State: _____ ZIP: _____

State cigarettes transferred into: _____ Month: _____ Year: _____

Complete a separate schedule for each state where cigarettes were sold. Abbreviations for method of shipment include: CC = Common Carrier, CT = Customer Truck, DT = Distributor Truck; PP = Parcel Post.

If necessary make additional copies of this form.

Shipment or transfer date	Method of shipment	Invoice number	Sold to: Name, Address, and City	# Packs (20's)	Little cigars	Tax paid (Yes/No)

Subtotals for this page ..... _____ _____

Total ... _____

Attach to Form 70-017, Iowa Cigarette Tax Report for In-State Distributors.

Submit this form to:

Mailing Address:
Cigarette/Tobacco
Tax Management Division
Iowa Department of Revenue
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 telephone at: 515-281-6134 or by email at: IDRCigarette@iowa.gov