



Department of Revenue

# Iowa Cigarette Tax Refund Affidavit

Cigarettes Returned to Manufacturers

revenue.iowa.gov

Permit number: \_\_\_\_\_ Federal Employer Identification Number (FEIN): \_\_\_\_\_

Business name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

The permit holder listed above hereby claims a refund of Iowa cigarette tax in accordance with Iowa Code chapter 453A, for unsalable cigarettes, or little cigars, that were returned to the manufacturer after Iowa tax stamps had been affixed. If more space is needed, include additional copies of Iowa Cigarette Tax Refund Affidavit. Refunds for permit fees, cigarette stamps, or tobacco taxes can only be obtained through the use of Form 70-057 Refund Claim Affidavit for Permit Fees, Losses, and Tobacco Taxes.

The following information is submitted in support of this claim. A separate, notarized manufacturer's statement verifying the information included below must be submitted with this form for a refund of Iowa cigarette tax to be issued.

Manufacturer	Date	Invoice number	Number of packs of 20's	Tax rate	Gross tax paid (number of packs of 20's x tax rate)	Number of packs of 25's	Tax rate	Gross tax paid (number of packs of 25's x tax rate)	Total gross tax paid (gross tax paid on 20's plus gross tax paid on 25's)
				\$1.36			\$1.70		\$
				\$1.36			\$1.70		\$
				\$1.36			\$1.70		\$
				\$1.36			\$1.70		\$
				\$1.36			\$1.70		\$
				\$1.36			\$1.70		\$

Subtotal: \$ \_\_\_\_\_

Subtract 2% discount: \$ \_\_\_\_\_

Total refund claim: \$ \_\_\_\_\_

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this affidavit, 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 act only within my authority.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Subscribed and sworn to before me this day of: \_\_\_\_\_

Notary public: \_\_\_\_\_

### Submit this form to:

Mailing Address:  
 Cigarette/Tobacco  
 Alcohol and Tax Compliance 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 St.  
 Des Moines IA 50319

### For Office Use Only

Denied: \_\_\_\_\_

Refund: \_\_\_\_\_

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

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