

Return for month of: _____ Year: _____ Name: _____

List snuff products purchased or returned from out-of-state. Include all information required in the table for snuff products purchased or returned from out-of-state. List only one entry for all types of the same brand with the same weight. If more space is needed, include additional copies of Schedule P2.

Invoice number	Invoice date	Seller: Name, City, and State	Returned from: Name, City, and State	Brand name(s)	Quantity	Weight of each (in ounces)	Total weight (quantity x ounces)

Total weight of snuff products (enter this total on line 8 of Form 70-022)..... _____

Include with Iowa Tobacco Products Monthly Tax Return for In-State Distributors, Form 70-022