Department of Revenue -

Iowa Vending Machine Monthly Tax Return

Sticks Assembled

				rev	enue.iowa.gov
Return for month of:		Year:	_		
Due date: Submit this report return is made. For example, August.					
Permit number:					
Business name:					
Physical location of business:					
City:	State:	_ ZIP:			
Include all pipe tobacco and re Transaction Schedule (70-009 not on the approved brands list Section 1 – Number of pipe	9). Only approvest is contrabar tobacco and	ved brands of Find. See revenu	YO products may e.iowa.gov for a li purchased this n	be sold in low st of approved nonth	a. Any product brands.
1. Total number of ounces pւ	urchased from	form 70-009		1	
Section 2 – Meter reading for	or this month				
2. Beginning meter reading	for this month			2	
3. Ending meter reading for	this month			3	
4. Total number of sticks as:	sembled for th	is month (subt	ract line 2 from line	e 3) 4	
Section 3 – Calculation of a	mount due				
5. Total number of sticks as	sembled for th	is month (from	line 4)	5	
6. Stick tax rate for vending	machine			6.	\$0.0306
7. Vending machine stick tax	x due (multiply	line 5 by line	6)	7	
8. Penalty, if applicable (see	below or reve	enue.iowa.gov)		8	
9. Interest, if applicable (see	e revenue.iowa	a.gov)		9	
10. Total amount due: (add lii	nes 7, 8, and 9	9)		10	
Vending returns and all suppo	orting docume	ntation are req	uired to be mainta	ined for five ye	ears.

Line 8: Penalties

Failure to Timely File a Return: If the return is filed after the original due date of the return and less than 90% of the correct amount of tax was paid by the original due date, multiply the unpaid tax by 5% (.05) and enter that amount on line 8. This penalty is in addition to any penalty for failure to timely pay the tax due, as described below. If you are subject to both penalties, add this penalty amount to the amount calculated below and enter the sum on line 8.

Failure to Timely Pay the Tax Due: A penalty of 5% must be added to the tax due if less than 90% of the correct amount of tax was paid by the original due date of the return. Multiply the unpaid tax by 5% (.05) and enter that amount on line 8. This penalty is in addition to any penalty for failure to timely file, as described above. If you are subject to both penalties, add this penalty amount to the amount calculated above and enter the sum on line 8.

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Des Moines IA 50319

Additional Penalty Information:

Des Moines IA 50306-0472

Audit or Examination Deficiency: A penalty of 5% will be added to the unpaid tax if the Department discovers an underpayment during an audit or examination.

Fraud: A penalty of 75% will be added to the fraudulent claim or unpaid tax for fraudulent claims or willful failure to file a return.

Waivers: Penalties can be waived under limited circumstances, as described in Iowa Code section 421.27. Complete and submit a Penalty Waiver Request (78-629) or submit on GovConnectIowa.

Make check payable to Iowa Department of Revenue.

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, 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.

10 0.01 0.1 10 0.10.11 0.11 0.11 0.11 0	,,			
Authorized signature:Title:		Date: Phone:		
Mailing Address: ATTN Cigarette Tax		In Person during Regular Business Hours:		
Iowa Department of Revenue Alcohol & Tax Compliance Division PO Box 10472	OR	lowa Department of Revenue 1 st Floor Hoover Building 1305 E Walnut		

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