

# **Iowa Vending Machine Monthly Tax Return**

Sticks Assembled

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Return for month of:	Year:	FOR OFFICE USE ONLY
Due date: Submit this report or	n or before the 10th day of the	Postmark date:
month following the month for which the return is mexample, if you are making a return for July, this for on or before the 10 <sup>th</sup> of August.		r Audit period:
Permit number:		
Business name:	<del> </del>	
Physical location of business:		
City:	State: ZIP:	
Section 1 – Number of pipe to 1. Total number of ounces pur	•	rchased this month
Section 2 - Meter reading for	r this month	
2. Beginning meter reading for	or this month	2
3. Ending meter reading for the	his month	3
4. Total number of sticks asse	embled for this month (subtrac	ct line 3 from line 2) 4
Section 3 - Calculation of an	nount due	
	·	ne 4)5
		6. \$0.0306
		7
		8
		9
10. Total amount due: (add line	es 7, 8, and 9)	10

Vending returns and all supporting documentation are required to be maintained for five years.

### **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.

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**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.

### **Additional Penalty Information:**

**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, on GovConnectIowa or form 78-629.

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 only act within my authority.

Authorized signature:	Date:
Title:	Phone:

#### **Submit this form to:**

Mailing Address:
ATTN: Cigarette/Tobacco
lowa 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