

Return for month of: \_\_\_\_\_ Year: \_\_\_\_\_ Name: \_\_\_\_\_

List snuff products returned to manufacturer. Include all information required in the table for snuff products returned to manufacturer. If more space is needed, include additional copies of Schedule C4.

**Credit for snuff products returned to manufacturer (include credit invoices)**

Invoice number	Invoice date	Manufacturer's name	Brand name(s)	Quantity	Weight of each (in ounces)	Total weight (quantity x ounces)

**Total weight on snuff products returned to manufacturer (enter this total on line 5 of Form 70-026) .....** \_\_\_\_\_

Include with Iowa Tobacco Product Monthly Return for Out-of-State Distributors, Form 70-026