Iowa Department of Revenue
www.state.ia.us/tax

Iowa In-State Distributors - Schedule C
Reporting of Out-of-State Sales of Cigarettes

Complete a separate schedule for each state cigarettes were sold.

FILE IN DUPLICATE

Name:	Cigarettes transferred into state of:
DBA:	Month: Year:
Street Address:	FEIN No.:
City:	Social Security No.:
State: Zip:	Cigarette License No.:

Column Instructions

1. Date of shipment or transfer out of state.
2. Indicate how shipped: DT, Distr Truck; CC, Common Carrier; PP, Parcel Post; CT, Customer Truck.
3. Invoice number of product shipped into another state.
4. Complete Name, Address and City of company of person to whom cigarettes were sold.
5. Number of packages of 20's.
6. Number of packages of 25's.
7. Indicate whether shipped cigarettes were tax paid.

Indicate shipments of "Little Cigars." List separately from shipments of cigarettes.

Shipment of Untaxed Cigarettes by Distributors Not Permitted in Iowa.

(1) Date	(2) Ship	(3) Invoice Number	(4) To Whom Sold – Name and Address	(5) # Packs (20's)	(6) # Packs (25's)	(7) Tax Paid (Yes/No)

This report is to be made in duplicate.
Mail original and duplicate to:
Iowa Department of Revenue
Cigarette Tax Unit
PO Box 10456
Des Moines IA 50306-0456

Sub Total: This Page Only _____

Grand Total _____

Attach to Form 70-017 Iowa Cigarette Tax Report for In-State Distributors