



Refund Claim Affidavit for Permit Fees, Losses and Tobacco Taxes

Permit or License No.: _____

FEIN: _____

Licensee or Permittee Name: _____

Mailing Address: _____

hereby claims a refund of Iowa Cigarette/Tobacco Tax in accordance with chapter 453A, Iowa Code,

for: (check one)

FOR OFFICE USE ONLY		
Cigarette Tax	Denied	Refunded
Tobacco Tax		
Approved	Date	DLN

Refund of Iowa Cigarette Permit fee in the amount of \$ _____

Permit Number _____ was surrendered to the Department of Revenue on _____ .

Reason for surrender: _____

Cigarette stamps which were not used because they were:

____ a. Lost due to destruction (Proof of loss must be attached and claim submitted within 30 days.)

____ b. Recalled by the Department or returned to the Department.

Date of loss or recall _____

Circumstances of loss: _____

Items Lost or Returned

Revenue Indicator	Number Unused	Tax Rate	Gross Tax	Less 2% disc.	Net Claim
20s stamps					
25s stamps					

Tobacco products returned to manufacturer, destroyed, or tobacco tax overpayment.

Date of return, destruction or overpayment: _____ .

(Proof of return or destruction must be attached.)

Reason for claim: _____

Tobacco tax was paid on these products at the rate of _____ %

Gross claim: _____ less 3.5% discount of _____ = Net Claim of \$ _____ .

The undersigned states under penalty of perjury, that all the information contained on this form is true and accurate in every particular.

Signature and Title _____
Date

Subscribed and sworn to before me on this day of _____ , 20__ .

Mail this form to: Iowa Department of Revenue, PO Box 10456, Des Moines, Iowa 50306

Fed Ex address: Iowa Department of Revenue, 1305 E Walnut, Des Moines, Iowa 50319