

Permit number: _____ Federal Employer Identification Number: _____
 Business name: _____
 Mailing address: _____
 City: _____ State: _____ ZIP: _____

The permit holder listed above hereby claims a refund of Iowa cigarette tax in accordance with Iowa Code chapter 453A, for unsalable cigarettes or little cigars that were returned to the manufacturer after Iowa tax stamps were affixed. If more space is needed, include additional copies of Iowa Cigarette Refund Affidavit.

The following information is submitted in support of this claim and a manufacturer's affidavit is attached.

Manufacturer	Date	Invoice number	Number of packs of 20's	Tax rate	Gross tax paid (number of packs of 20's x tax rate)	Number of packs of 25's	Tax rate	Gross tax paid (number of packs of 25's x tax rate)	Total gross tax paid (gross tax paid on 20's plus gross tax paid on 25's)
				\$1.36			\$1.70		\$
				\$1.36			\$1.70		\$
				\$1.36			\$1.70		\$
				\$1.36			\$1.70		\$
				\$1.36			\$1.70		\$
				\$1.36			\$1.70		\$

Subtotal: \$ _____
 Subtract 2% discount: \$ _____
 Total refund claim: \$ _____

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this affidavit, and, to the best of my knowledge and belief, it is true, correct, and complete.

Signature: _____ Date: _____

Title: _____ Phone: _____

Subscribed and sworn to before me this day of: _____

Notary public: _____

Submit this form to:

Mailing Address:
 Cigarette/Tobacco
 Tax Management Division
 Iowa Department of Revenue
 PO Box 10472
 Des Moines IA 50306-0472

OR
 Delivery Address:
 Iowa Department of Revenue
 Hoover Building, Cigarette Tax
 1305 E Walnut St.
 Des Moines IA 50319

For Office Use Only
 Denied: _____
 Refund: _____
 Approved: _____
 Date: _____

Questions: Contact us by telephone at: 515-281-6134 or email at: IDRCigarette@iowa.gov