

**RETURNED CIGARETTE STAMP AFFIDAVIT  
CHICAGO DEPARTMENT OF FINANCE  
TAX DIVISION – REFUND UNIT  
333 S. STATE STREET, SUITE 300  
CHICAGO, ILLINOIS 60604**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

IRIS Account Number: \_\_\_\_\_ FEIN: \_\_\_\_\_ IBTN: \_\_\_\_\_

Tobacco Wholesaler's License Number: \_\_\_\_\_

1. Enter amount of packages, samples or other cigarettes .....

2. Tax rate.....

3. Amount claimed (multiply line 1 by line 2).....

4. Grand total amount claimed for refund (add columns A, B, C, and D from line 3.... \_\_\_\_\_

<u>A</u> 20 PACK	<u>B</u> 25 PACK	<u>C</u> SAMPLES	<u>D</u> OTHER
<b>\$1.18</b>	<b>\$1.48</b>	<b>\$0.059</b>	

**Sworn Statement**

I \_\_\_\_\_ being duly sworn under oath state that I am \_\_\_\_\_  
**Name of taxpayer** **Title**

of the business noted above and that the amount claimed for refund represents the value of Chicago cigarette tax

stamps affixed to cigarette packages returned on \_\_\_\_\_ to \_\_\_\_\_  
**Date** **Name**

at \_\_\_\_\_ for destruction as unsaleable.  
**Address**

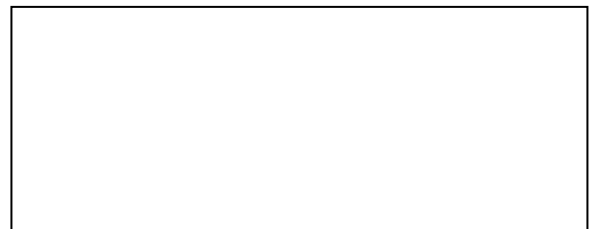
\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Subscribed and sworn before me,

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**Notary Public**



**Notary Seal**

**NOTE: In order to process your claim you must attach this form to the Chicago Business Tax Refund Application.**