

RETURNED CIGARETTE STAMP AFFIDAVIT
CHICAGO DEPARTMENT OF FINANCE
TAX DIVISION – REFUND UNIT
2 N. LA SALLE STREET, SUITE 1310
CHICAGO, ILLINOIS 60602

Business Name: _____

Business Address: _____

City, State, Zip: _____

IRIS Account Number: _____ FEIN: _____ IBTN: _____

Tobacco Wholesaler’s License Number: _____

Table with 4 columns: A 20 PACK, B 25 PACK, C SAMPLES, D OTHER. Row 1: Blank. Row 2: \$1.18, \$1.48, \$0.059, Blank. Row 3: Blank.

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.... _____

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.