

**COOK COUNTY
DEPARTMENT OF REVENUE**

Revised 09/11

RETURN TO:

Cook County Department of Revenue
Cigarette Tax
118 N. Clark St. Room 1160
Chicago, IL 60602



OFFICE USE ONLY
Refund No. _____

CIGARETTE TAX STAMP REFUND CLAIM FORM

Business Name: _____

COOK COUNTY REG. NO.: _____

Street Address: _____

ILLINOIS LICENSE NO. _____

City: _____ State: _____ Zip: _____

Manufacturer Cigarette Packs Returned			CCDOR Cigarette Tax Stamps Returned		
Name: _____			Total No. of Whole Sheets: _____		
Street Address: _____			Total Stamps on Whole Sheets: _____		
City: _____	State: _____	Zip: _____	Total No. of Partial Sheets: _____		
Authorization No. _____			Total No. of Partial Stamps: _____		
Total No. Packs Returned: _____		Return Date: _____	Total No. of Tax Stamps Returned: _____		

(1)	(2)	(3)	(4)	(5)	(6)	(7)
COUNTY / MUNICIPALITY TAX STAMP	TAX STAMPS / PACKS RETURNED TO MANUFACTURER	COMPLETE SHEETS: TOTAL NO. OF TAX STAMPS	PARTIAL SHEETS TOTAL NO. OF TAX STAMPS	TOTAL STAMPS	TAX RATE	REFUND AMOUNT
COOK COUNTY 20s					\$2.00	\$
COOK COUNTY 25s					\$2.50	\$
COOK / CHICAGO 20s					\$2.00	\$
COOK / CHICAGO 25s					\$2.50	\$
COOK / CICERO 20s					\$2.16	\$
COOK / CICERO 25s					\$2.70	\$
COOK / EVANSTON 20s					\$2.60	\$
COOK / EVANSTON 25s					\$3.25	\$
TOTAL PACKS / STAMPS REFUND AMOUNT						\$

Certification:

Under penalties provided by law, the undersigned certifies the information set forth in this application is true and accurate to the best of his or her knowledge and belief, and is taken from the books and records of the business for which this application is filed. This application must be signed by an owner, officer or authorized agent.

Print Name

Title

Signature

Date

**COOK COUNTY DEPARTMENT OF REVENUE
CIGARETTE TAX STAMP REFUND CLAIM FORM INSTRUCTIONS**

- 1. Identify Business** - Enter name, street address, city, state and zip of the business for which the refund claimed is to be filed.
- 2. Cigarette Packs Returned** – Enter the manufacture’s business name, street address, city state and zip; affidavit/ authorization number, total number of packs returned to Manufacturer; date packs were returned to manufacturer. You must attach a copy of the Manufacturer’s Affidavit/Statement which indicates by cigarette pack quantity, 20s and 25s, the total number of packs returned to and received for destruction and date destroyed.
- 3. Cigarette Tax Stamps Returned:**
 - (a) Whole Tax Stamp Sheets** - Enter the total number of whole tax stamp sheets, originally purchased from the CCDOR, on which the returned tax stamps are affixed.
 - (b) Whole Sheet Total Number of Stamps** – Enter the total number of tax stamps affixed on each whole tax stamp sheet included In (a) above, for which the refund claim form is being filed.
 - (c) Partial Sheets** – Enter the total number of partial sheets (less than or portion of a whole sheet) of tax stamps originally purchased from the CCDOR, on which is affixed the tax stamps for which the refund claim form is being filed.
 - (d) Partial Sheet Total Number of Tax Stamps** - Enter the total number of tax stamps, affixed to each of the partial sheets included in (c) above, for which the refund claim form is being filed.
- 4. Column (1) Count/Municipality** – County only and combined County/ Municipality tax stamp type and quantity, 20s or 25s
- 5. Column (2) Packs Returned** - For each type of municipal tax stamp and cigarette pack quantity, 20 or 25, enter the total number of packs, on which a tax stamp is affixed, returned to the cigarette manufacturer; and for Total Packs/Stamps/Refund Amount, enter the sum total of Column (2)
- 6. Column (3) Whole Sheets** - For each type of municipal tax stamp and tax stamp type, 20s or 25s, enter the total number of stamps affixed to each Whole Tax Stamp Sheet, for which the refund claim form is being filed; and for Total Packs/Stamps/Refund Amount, enter the sum total of Column (3)
- 7. Column (4) Partial Sheets** - For each type of municipal tax stamp and tax stamp type, 20s or 25s, enter the total number of stamps affixed to each Partial Tax Stamp Sheet, for which the refund claim form is being filed; and for Total Packs/Stamps/Refund Amount, enter the sum total Column (4)
- 8. Column (5) Total Stamps** - For each type of municipal tax stamp and tax stamp type, 20s or 25s, enter the sum total of Columns 2, 3, and 4; and for Total Packs/Stamps/Refund Amount, enter the sum total of Column (5)
- 9. Column (6) Tax Rate** – Applicable Cigarette Tax Stamp tax rate.
- 10. Column (7) Refund Amount** – Multiply Column (5) by Column (6) and enter the results; and for Total Packs/Stamps/Refund Amount, enter the sum total of Column (7)

If you have any questions regarding this form, please direct calls to (312) 603-6962.