B	√ RC-44 Illinois Cigarette Use 7	Гах	Return		NS DP CA E S//_
Ste	p 1: Identify yourself				
1	Your name	3	Daytime phone number	er ()	
	Number and street		Social Security number		
	City, state, ZIP		or FEIN		
Ste	ep 2: Describe the cigarettes you purcha	sed	or acquired for	use in Illin	ois
5	Write where the cigarettes were purchased or acquired.	7	Write the dates the ciga	rettes were purch	ased or acquired
	Name of place		and the invoice number	for the purchase	
	Street address		Month Day Year	Invoice number	
	City, state, ZIP		/ /		
			Month Day Year	Invoice number	
6	What are the brand names of the cigarettes?		Month Day Year	Invoice number	
			Month Day Year		
	ep 3: Figure the Illinois Cigarette Use Ta		Month Day Year	Invoice number	
8	 Write the number of items purchased and calculate the tax. a For cigarettes in packs of less than 20, write the number of cigarettes. b Number of packs containing 20 cigarettes. Packs of 20 c Number of packs containing 25 cigarettes. Packs of 25 	X 0 X 1	.980 = b _		
	Add Lines a, b, and c. This is the total amount of Illinois	Cigare	ette Use Tax.	8	
Ste	p 4: Figure the Illinois (sales) Use Tax o	n ci	garettes		
9	Write the total purchase price of the cigarettes.			9	
0	Multiply Line 9 by 6.25% (.0625). This is the total amount of Illinois (sales) Use Tax.			10	
1	Write the amount of sales tax you paid to another state (not	to an	other country).	11	
2	Compare Line 10 and Line 11. If Line 11 is greater than Line 10, you do not owe Illinois (sales) use tax. If Line 10 is greater than Line 11, subtract Line 11 from Line 10. This is the amount of Illinois (sales) Use Tax due.			12	
Ste	p 5: Figure the total amount you owe				
Add Lines 8 and 12. This is the total amount you owe. Make your check or money order payable to the "Illinois Department of Revenue."				13	
Step 6: Sign below					

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Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Your signature Date

- MAKE your check or money order payable to the "Illinois Department of Revenue."
- WRITE "RC-44" on your check and attach it to this form (RC-44).
 MAIL this form (RC-44) to: ILLINOIS DEPARTMENT OF REVENUE

PO BOX 19019

SPRINGFIELD, IL 62794-9019

• DO NOT attach your check OR this form to any other return.

RC-44 front (R-6/12)



Rev 03 Station 061