



CITY COLLECTOR'S OFFICE
2100 Ridge Ave
Evanston IL 60201

CLAIM FOR CIGARETTE TAX STAMP REFUND

CLAIMANTS NAME: _____

ADDRESS: _____

AGENT NUMBER: _____

STATE OF ILLINOIS)
)SS.
COUNTY OF _____)

_____ being duly sworn on oath states that
he / she is _____ of the agent herewith making claim for Cigarette
Tax Stamp Refund below; that on _____, 2_____ the said agent
returned _____ packages of cigarettes, each bearing the City of Evanston Cigarette Tax, to:

_____ at _____

for destruction as unsaleable cigarettes (attach bill of lading, waybill, or postal receipt) as follows:

Type of Stamp	Number of Stamps	Price per Stamps	Gross Amount	Discount Per Stamp	Discount Amount	Amount Claimed
	(1)	(2)	(1) X (2) (3)	(4)	(1) X (4) (5)	(3) - (5) (6)
20	_____	\$2.50	_____	\$.00785	_____	_____
25	_____	\$2.625	_____	\$.00925	_____	_____
Total						_____

Claim for refund is hereby made.

Subscribed and sworn before me,
this _____ day of _____, 2_____

Notary Public