



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**APPLICATION FOR TOBACCO  
TAX REFUND**

**L-1025**  
(Rev. 12/21/07)  
4070

**Mail to:** South Carolina Department of Revenue, Tobacco Tax Refund, Columbia, SC 29214-0112.

**Form must be filled out in ink or by a typewriter. Copy should be retained for your file.**

Provide all information requested. For assistance call (803) 896-1970.

Name of Firm \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_ F.E.I./S.S. Number \_\_\_\_\_

**REASON FOR REQUESTING REFUND** \_\_\_\_\_

**CIGARETTES**

\*This portion to be completed for cigarettes only

Date Shipped	Manufacturer	Brand Name	Packs of 20s @ .07 each	Packs of 25s @ .0875 each	Total

1. Total gross refund requested \_\_\_\_\_

2. Less purchase discount (.035 x line 1) \_\_\_\_\_

3. Total net refund requested (subtract line 2 from line 1) \_\_\_\_\_

1-4-1401

**OTHER TOBACCO PRODUCTS**

\*This portion to be completed for other tobacco products only

Date Shipped	Manufacturer	Brand Name	Gross Manufacturer's Price of Carton	Tax Rate of 5%	Total

**A Manufacturers Returned Good(s) Affidavit and Credit Memorandum should accompany this form.**

1. Total gross refund requested \_\_\_\_\_

2. Less purchase discount (.035 x line 1) \_\_\_\_\_

3. Total net refund requested (subtract line 2 from line 1) \_\_\_\_\_

1-4-1408

When signing this form, it is important that the information contained in your report be correct and complete. To willfully furnish a false or fraudulent statement to the Department is a crime.

\_\_\_\_\_  
(Signature of Taxpayer)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Phone Number)

**DO NOT USE THIS SPACE**

AUDITED BY \_\_\_\_\_  
DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_  
DATE \_\_\_\_\_

40701013

**Social Security Privacy Act Disclosure**

It is mandatory that you provide your social security number on this tax form. 42 U.S.C 405(c)(2)(C)(i) permits a state to use an individual's social security number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.

**The Family Privacy Protection Act**

Under the Family Privacy Protection Act, the collection of personal information from citizens by the Department of Revenue is limited to the information necessary for the Department to fulfill its statutory duties. In most instances, once this information is collected by the Department, it is protected by law from public disclosure. In those situations where public disclosure is not prohibited, the Family Privacy Protection Act prevents such information from being used by third parties for commercial solicitation purposes.