

Form TB 403
Request for Tobacco Product Destruction

Name of business	Federal employer identification number (EIN)
Current mailing address	Permit number
City, State, ZIP Code	Phone number

The unusable product is located in the warehouse of _____
Distributor

at _____,
Street Address City, County

The unusable products will be destroyed on _____ at _____ AM/PM. The total wholesale
Date Time
sales price of these products is \$ _____. We'll take a deduction in this amount on our next monthly tax return.

Reason for Destruction

You must attach a credit memorandum from the manufacturer or other documents that establish the wholesale sales price.

Method of Destruction of Tobacco Products

Under penalties of perjury, I certify that the above amount is true and correct and that the products have become unusable and will be destroyed on the date and time shown above. I understand that I must have an approved copy of this certificate in my possession before destroying the product(s) identified on this application. I further understand that a representative from the Idaho State Tax Commission may be present to witness the destruction.

Signature	Title	Date
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Complete the upper portion of this application. Keep one copy. Mail the original and one copy to the Tax Commission **10 days before the proposed destruction date**. Don't destroy the products until you receive the approved original from the Tax Commission.

Attach a copy of the approved original form to the tax report for the month in which the tobacco products were destroyed.

FOR STATE USE ONLY

Approved by	Title	Date
Approved but not witnessed, allowed by IDAPA 35.01.10.016	Title	Date

Contact us:

In the Boise area: (208) 334-7660 | Toll free: (800) 972-7660
Hearing impaired (TDD) (800) 377-3529
tax.idaho.gov/contact