

**B-A-20**

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# Cigarette Manufacturer's Affidavit (Unsalable Cigarettes) North Carolina Department of Revenue

Name of Manufacturer

Street Address of Manufacturer

City

State

Zip Code

From (Name of Wholesaler or Distributor)

Street Address Where Original Product Was Shipped

City

State

Zip Code

<p><b>Date The Manufacturer Received the Returned Product</b></p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p style="text-align: center; font-size: small;">(MM-DD-YY)</p> <p><b>Authorization Number</b></p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
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The undersigned, being duly sworn, states:

1. That the unsalable cigarettes described below on which the North Carolina Cigarette Excise Tax has been paid were received

from \_\_\_\_\_  
Name of North Carolina Distributor License Number

Street and Number

City and State

2. That all the packages of cigarettes listed above have been destroyed, and that none of the cigarettes returned by the distributor will be reshipped or sold in the State of North Carolina.

Packs received as N.C. tax-paid under Reporting Method (effective 1/1/94)	No. of Packs	No. of Cigarettes Per Pack	Tax Value Each Pack	Gross Tax Value
Brand Name				
Brand Name				
Brand Name				
Brand Name				

**The undersigned states, under the penalty of perjury, that all the information contained on this form is true and accurate. Please attach the credit memo and/or any invoices for substantiation.**

\_\_\_\_\_  
Name of Manufacturer on whose behalf affidavit is made

\_\_\_\_\_  
Signature and Title of Affidavit

\_\_\_\_\_  
Date

The State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn before me a Notary Public in and for the County and State on this \_\_\_\_\_ day of

\_\_\_\_\_ 2010.

\_\_\_\_\_  
Notary Public Commission Expires \_\_\_\_\_