

## Cigarettes Returned to Manufacturer

### North Carolina Department of Revenue

<b>Application for Period</b>	Beginning (MM-DD-YY) <input style="width: 100%;" type="text"/>	and ending (MM-DD-YY)	<input style="width: 100%;" type="text"/>
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**Legal Name of Owner** (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

**Trade Name**

**Mailing Address**

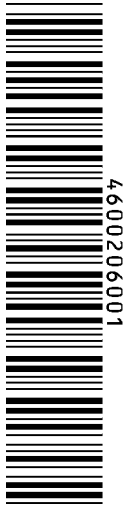
**City**  **State**  **Zip Code**

**Name of Contact Person**  **State of Domicile**

**Phone Number**  **Fax Number**

<b>FEIN or SSN</b> <input style="width: 80%; height: 20px;" type="text"/>
<b>NCDOR ID/License Number</b> <input style="width: 80%; height: 20px;" type="text"/>

<b>Part 1. Total Packs Returned to Manufacturer</b>													
TOTALS	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <th style="width: 50%;">Column A</th> <th style="width: 50%;">Column B</th> </tr> <tr> <td colspan="2" style="text-align: center;">Non-Tax-Paid in Packs of:</td> </tr> <tr> <td style="text-align: center;">Twenty</td> <td style="text-align: center;">Twenty-Five</td> </tr> </table> <p><b>1. Totals</b> ▶ <input style="width: 100%; border: none; border-top: 1px solid black; border-bottom: 1px solid black; border-left: none; border-right: none;" type="text"/></p> <p style="text-align: center; font-size: small;"><i>Carry totals of Column A and B to Form B-A-5, Schedule A, Line 7</i></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <th style="width: 50%;">Column C</th> <th style="width: 50%;">Column D</th> </tr> <tr> <td colspan="2" style="text-align: center;">Tax-Paid in Packs of:</td> </tr> <tr> <td style="text-align: center;">Twenty</td> <td style="text-align: center;">Twenty-Five</td> </tr> </table> <p><b>2. Totals</b> ▶ <input style="width: 100%; border: none; border-top: 1px solid black; border-bottom: 1px solid black; border-left: none; border-right: none;" type="text"/></p> <p style="text-align: center; font-size: small;"><i>Carry totals of Column C and D to Form B-A-5, Schedule D, Line 6 or Form B-A-6, Schedule B, Line 5, whichever is applicable</i></p>	Column A	Column B	Non-Tax-Paid in Packs of:		Twenty	Twenty-Five	Column C	Column D	Tax-Paid in Packs of:		Twenty	Twenty-Five
	Column A	Column B											
	Non-Tax-Paid in Packs of:												
	Twenty	Twenty-Five											
	Column C	Column D											
	Tax-Paid in Packs of:												
	Twenty	Twenty-Five											



**Cigarettes returned to the manufacturer on Form B-A-5 or B-A-6 should include a Schedule J with completed Part 2 Detail Summary. Failure to attach a complete Schedule J could result in the disallowance of a deduction or refund.**

