

B-A-7

Web
12-10

Tobacco Report
Tax-Paid Products of Nonparticipating Manufacturers
North Carolina Department of Revenue

DOR Use Only

____ / ____ / ____

Legal Name (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

Application Beginning Ending
for Period (MM-DD-YY) _____ (MM-DD-YY) _____

Fill in circle if applicable:
 Amended Return

Phone Number
____ - ____ - _____

Fax Number
____ - ____ - _____

FEIN or SSN

NCDOR ID/License Number

INSTRUCTIONS

Complete the following table for all cigarettes by brand, including roll-your-own tobacco products, that were made by nonparticipating manufacturers and included in the products for which tax is reported on Form B-A-5, B-A-6, B-A-15, B-A-18, B-A-19, B-A-101 or B-A-101R. **Important: Form B-A-7 must be filed in duplicate with Forms B-A-5, B-A-6, B-A-15, B-A-18, B-A-19, B-A-101 and B-A-101R.**

Tax-Paid Products of Nonparticipating Manufacturers						
Brand Name	Number of Packs of Twenty	Number of Packs of Twenty-Five	Roll-Your-Own Tobacco (In Ounces)	Name and Address of Manufacturer	Name and Address of the Person(s) From Whom Each Brand Was Purchased	Name and Address of the First Importer of Foreign Manufactured Brands

(continued on reverse)

Tax-Paid Products of Nonparticipating Manufacturers

Brand Name	Number of Packs of Twenty	Number of Packs of Twenty-Five	Roll-Your-Own Tobacco <i>(In Ounces)</i>	Name and Address of Manufacturer	Name and Address of the Person(s) From Whom Each Brand Was Purchased	Name and Address of the First Importer of Foreign Manufactured Brands
Total Add each column separately and enter the sum.						

Signature: _____ Title: _____ Date: _____
 I certify that, to the best of my knowledge, this return is accurate and complete.