



Instructions For Handwritten Forms

Guidelines



Do not use red ink. Use blue or black ink.



Do not use dollar signs, commas, or other punctuation marks.



Printing



Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.



Do not select "print on both sides of paper."



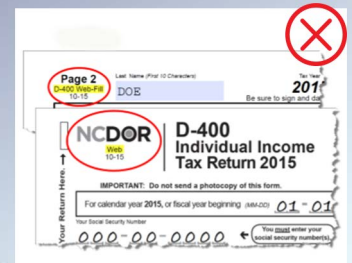
Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.





B-A-MR25 Schedule of Modified Risk Tobacco Products - 25% Exposure Modification Order

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

Schedule for Period Beginning (MM-DD-YY) Ending (MM-DD-YY)

Fill in circle if applicable:
 Amended Schedule

FEIN or SSN

NCDOR ID/License Number

Phone Number Fax Number

Part 1. Other Tobacco Products - List of Modified Risk Tobacco Products Subject to 25% Tax Reduction

| Modified Risk Tobacco Product Number | Product Manufacturer | Product Category | Cost Price of Modified Risk Tobacco Product | 25% Reduction of Cost Price of Modified Risk Tobacco Product |
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Total: Add the amounts from Part 1 for this column and enter the sum here and on Line 4, of Form B-A-101

