



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-MR50

Schedule of Modified Risk Tobacco Products - 50% Risk 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 50% Tax Reduction

Modified Risk Tobacco Product Number	Product Manufacturer	Product Category	Cost Price of Modified Risk Tobacco Product	50% Reduction of Cost Price of Modified Risk Tobacco Product

Total: Add the amounts from Part 1 for this column and enter the sum here and on Line 4, of Form B-A-101

Part 2. Cigarette - List of Modified Risk Tobacco Products Subject to 50% Tax Reduction

Modified Risk Tobacco Product Number	Product Manufacturer	Product Category	Number of Packs of Twenty and/or Twenty-Five of Modified Risk Tobacco Product	50% Reduction of Number of Packs of Twenty and/or Twenty-Five of Modified Risk Tobacco Product

Total: Add the amounts from Part 2 for this column and enter the sum here and on Line 8 of Form B-A-5 or on Line 1 of Form B-A-6, whichever is applicable.

--

Part 3. Vapor Products - List of Modified Risk Tobacco Products Subject to 50% Tax Reduction				
Modified Risk Tobacco Product Number	Product Manufacturer	Product Category	Number of Milliliters of Modified Risk Tobacco Product	50% Reduction of Number of Milliliters of Modified Risk Tobacco Product
Total:			Add the amounts from Part 3 for this column and enter the sum here and on Line 4 of Form B-A-102.	

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

Mail to: North Carolina Department of Revenue, PO Box 25000, Raleigh, North Carolina 27640-0110.
Questions: Contact Excise Tax Division at: Telephone Number: (919) 733-3641; Fax Number: (919) 733-8654