



B-A-101R

Application for Other Tobacco Products Excise Tax Refund for North Carolina Tax-Paid Other Tobacco Products Returned to Manufacturer

Return for Month Ended (MM-DD-YY) _____
(Date returned to manufacturer)

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 _____
Phone Number _____ Fax Number _____

FEIN or SSN

NCDOR ID

Computation of Refund for North Carolina Tax-Paid Other Tobacco Products

1. Total Cost Price of Other Tobacco Products Returned to Manufacturer <i>Cost price is the price paid for the products before any discount, rebate, or allowance. (Attach copies of invoices or equivalent information.)</i>	▶ 1.	_____	.00
2. Refund Rate for Returned Other Tobacco Products	2.	12.8%	
3. Refund Due Multiply Line 1 by Line 2	3.	_____	.00
4. Discount Multiply Line 3 by 2%	▶ 4.	_____	.00
5. Refund Due for Other Tobacco Products Line 3 minus Line 4	5.	_____	.00

Computation of Refund for North Carolina Tax-Paid Vapor Products

6. Total Number of Milliliters of Vapor Product Returned to Manufacturer <i>(Attach copies of invoices or equivalent information)</i>	▶ 6.	_____	MLs
7. Refund Rate for Returned Vapor Products	7.	\$0.05	
8. Refund Due for Vapor Products Multiply Line 6 by Line 7	8.	_____	.00
9. Total Refund Due Line 5 plus Line 8	▶ 9.	_____	.00

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

An original manufacturer's affidavit or a written certificate signed under penalty of perjury and a copy of the manufacturer's credit memo MUST be attached to this application.