

Instructions for Handwritten Forms

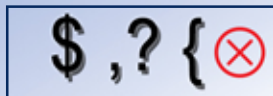
Guidelines



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.



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

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/License Number

Fill in circle if applicable:
 Amended Return

Schedule A. Cigarettes Sold in North Carolina During the Month and Computation of Cigarette Excise Tax

Packs of Cigarettes Sold in North Carolina	Column A	Column B
	List in Packs of:	
	Twenty	Twenty-Five
1. Number of Packs of Cigarettes Sold in North Carolina on which North Carolina Cigarette Excise Tax is to be Computed (Attach a list indicating name of each customer, address, dates & number of packs sold)	1. _____	_____
2. Tax Rate: 2.25¢ per cigarette (Pack of 20, Rate 45¢; Pack of 25, Rate 56.25¢)	2. <input type="text" value="45¢"/>	<input type="text" value="56.25¢"/>
3. Total Excise Tax Due Multiply Line 1 by Line 2	3. _____	_____
4. Total Tax Add Column A and Column B on Line 3	4. _____	_____
5. Discount Multiply Line 4 by 2% if return with full payment is timely filed; otherwise enter zero.	▶ 5. _____	_____
6. Net Excise Tax Due Line 4 minus Line 5	▶ 6. _____	_____
7. Penalty (5% for late payment; 5% per month, maximum 25%, for late filing.) Multiply Line 4 by rate above if return with full payment is not filed timely.	▶ 7. _____	_____
8. Interest (See the Department's website, www.ncdor.gov, for current interest rate.) Multiply Line 4 by applicable rate if return with full payment is not filed timely.	▶ 8. _____	_____
9. Total Payment Due Add Lines 6 through 8	9. \$ _____	_____

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

Schedule B. Inventory of North Carolina Tax-Paid Packs

Packs of North Carolina Tax-Paid Cigarettes <small>(IMPORTANT: TAX-PAID, whenever used in this return means "North Carolina cigarette tax paid." NON-TAX-PAID means "no North Carolina cigarette tax paid.")</small>		Column A	Column B
		List in Packs of:	
		Twenty	Twenty-Five
1. Tax-Paid Packs Beginning Inventory	1.		
2. Purchased and Received From Other Sources <i>(From Schedule C, Total, below)</i>	2.		
3. Other Increases in Inventory <i>(Attach an explanation)</i>	3.		
4. Packs Sold in State of North Carolina	4.		
5. Tax-Paid Packs Returned to Manufacturer <i>(From Form B-A-5, Schedule J, attached)</i>	5.		
6. Other Decreases in Inventory <i>(Attach an explanation)</i>	6.		
7. Tax-Paid Packs Ending Inventory <i>(Actual Physical Inventory)</i>	7.		

Schedule C. North Carolina Tax-Paid Cigarettes Purchased and Received From Other Sources
(Attach copies of invoices for all tax-paid purchases.)

Invoice Date	Invoice Number	Purchased From	List in Packs of:	
		Name and Address	Twenty	Twenty-Five
Totals <i>(To Schedule B, Line 2, above)</i>				

Schedule D. Non-Tax-Paid Cigarettes Sold to the Federal Government and Its Instrumentalities Located Within North Carolina *(For information only)*

Date Sold	Sold To	List in Packs of:	
	Name and Address	Twenty	Twenty-Five
Totals			