

**Application for Other Tobacco Products  
Excise Tax Refund for North Carolina Tax-Paid  
Other Tobacco Products Returned to Manufacturer**  
North Carolina Department of Revenue

Return for Month Ended (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 Phone Number State of Domicile

FEIN or SSN  
\_\_\_\_\_

NCDOR ID/License Number  
\_\_\_\_\_

**Computation of Refund for North Carolina Tax-Paid Other Tobacco Products On or After September 1, 2009**

- 1. **Total Cost Price of Other Tobacco Products Returned to Manufacturer**  
Cost price is the price paid for the products before any discount, rebate, or allowance.  
(Attach copies of invoices or equivalent information.) 1.
- 2. **Refund Rate for Returned Other Tobacco Products** 2.
- 3. **Refund Due**  
Multiply Line 1 by Line 2 3.
- 4. **Discount**  
Multiply Line 3 by 2% if Form BA-101 was timely filed; otherwise enter zero. 4.
- 5. **Total Refund Due**  
Line 3 minus Line 4 5.

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

**An original manufacturer's affidavit and a copy of the manufacturer's credit memo MUST be attached to this application.** Absent conclusive proof that other tobacco products were returned to the manufacturer at the tax rate effective on or after September 1, 2009 will result in the denial of refund.

**North Carolina Department of Revenue, Tobacco Products Unit, PO Box 25000, Raleigh, North Carolina 27640-0001**