

B-A-101R

Web
4-11

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) _____ - _____ - _____
 (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/Account Number

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

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. _____ .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. Total Refund Due
Line 3 minus Line 4

5. _____ .00

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.