

BA-101R

Web
9-09

**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 Prior to 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. **10%**

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