

**Application for Cigarette Excise Tax
Refund for North Carolina Tax-Paid Packs
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
Cigarettes On or After September 1, 2009**

Column A	Column B	Column C
Record in Packs of:		
Twenty	Twenty-Five	Other (Specify)

1. Total North Carolina Tax-Paid Packs Returned to Manufacturer	▶ 1.	_____	_____	_____
2. Refund Rate: 2.25¢ Per Cigarette (Pack of 20, Rate 45¢; Pack of 25, Rate 56.25¢)	2.	45¢	56.25¢	_____
3. Refund Due Multiply Line 1 by Line 2	3.	_____	_____	_____
4. Total of Columns A, B and C (From Line 3)	4.	_____	_____	_____
5. Discount Multiply Line 4 by 2%	▶ 5.	_____	_____	_____
6. Total Refund Due Line 4 minus Line 5	6.	_____	_____	_____

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

An original manufacturer's affidavit MUST be attached to this application. Absent conclusive proof that the cigarettes were returned to the manufacturer at the tax rate effective on or after September 1, 2009, the total North Carolina tax-paid packs will be refunded at the 2.25¢ per cigarette rate. Form B-A-7, Tobacco Report Tax-Paid Products of Nonparticipating Manufacturers, must be filed with this return when cigarettes are returned to a nonparticipating manufacturer.

North Carolina Department of Revenue, PO Box 25000, Raleigh, North Carolina 27640-0110

