

**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) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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 Cigarettes On or After September 1, 2009	Column A	Column B	Column C
	Record in Packs of:		
Packs of Cigarettes Returned to Manufacturer With NC Tax-Paid On or After to September 1, 2009	Twenty	Twenty-Five	Other (Specify)
1. Total North Carolina Tax-Paid Packs Returned to Manufacturer	1.		
2. Refund Rate: 2 1/4¢ Per Cigarette (Pack of 20, Rate 45¢; Pack of 25, Rate 56 1/4¢)	2.	45¢	56 1/4¢
3. Refund Due (Multiply Line 1 by Line 2)	3.	\$	\$
4. Discount (Multiply Line 3 by 2% if Form BA-5 or Form BA-6 was timely filed; otherwise enter zero.)	4.		
5. Total Refund Due (Line 3 minus Line 4)	5.		
6. Total of Columns A, B, and C.	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 1/4¢ per cigarette rate.

**North Carolina Department of Revenue, Tobacco Products Unit, PO Box 25000, Raleigh, North Carolina 27640-0110**