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# Statement of Basis for Cigarette Excise Tax Refund

North Carolina Department of Revenue

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

DOR Use Only

FEIN or SSN

NCDOR ID/License Number

This is to certify that I, \_\_\_\_\_, an agent of the Department of Revenue,

did on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, destroy the following North Carolina

(Month)

(Year)

Tax-Paid cigarette packs in the possession of the qualified North Carolina distributor under the North Carolina Tobacco Products Tax Act.

Reason for Destruction	(1) No. Packs of Twenty 45¢	(2) No. Packs of Twenty-Five 56 1/4¢	(3) No. Packs of Other (Specify)	(4) Gross Tax Value
A. Packs destroyed (not returnable to manufacturer) as N.C. tax-paid under Reporting Method (effective 1/1/94) ▶	_____	_____	_____	_____ .00
B. Other (Specify) ▶	_____	_____	_____	_____ .00
C. Totals	_____	_____	_____	_____ .00
<b>Total Amount of This Claim for Tax Refund</b> (Add totals of columns 1 through 4) ▶				_____ .00

The destruction of the tax-paid packs listed above was done in the following manner so as to preclude the sale of such packs and to preclude any further claim for a cigarette tax refund with respect thereto: \_\_\_\_\_

Therefore, pursuant to the North Carolina Tobacco Products Tax Act, the above named qualified distributor is entitled to a cigarette excise tax refund in the net amount of \$ \_\_\_\_\_.

Signature of Revenue Agent: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, the above named qualified cigarette distributor, concur in the count of North Carolina Tax-Paid cigarette packs destroyed by the above agent of the North Carolina Department of Revenue.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized signature on behalf of distributor