

Statement of Basis for Cigarette Excise Tax Refund

North Carolina Department of Revenue

Name of Qualified NC Distributor

Address

City

State

Zip Code

Name of Contact Person

Phone Number

State of Domicile

FEIN or SSN

Distributor's Account Number

This is to certify that I, _____, an agent of the Department of Revenue, did on the _____ day of _____, _____, destroy the following North Carolina Tax-Paid cigarette packs in the possession of the qualified North Carolina distributor under the North Carolina Tobacco Products Tax Act.

(Month) (Year)

Reason for Destruction	No. Packs of Twenty 45¢	No. Packs of Twenty-Five 56 1/4¢	No. Packs of Other (Specify)	Gross Tax Value
Packs destroyed (not returnable to manufacturer) as N.C. tax-paid under Reporting Method (effective 1/1/94).....	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other (Specify)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Totals	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Total Amount of This Claim for Tax Refund				\$ <input style="width: 80%; height: 20px;" type="text"/>

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