

Statement of Inventory for 2009 Cigarette Excise Tax Increase

North Carolina Department of Revenue

Effective date (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 State of Domicile

Phone Number

Fax Number

FEIN or SSN

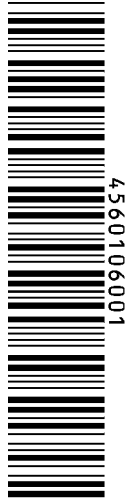
NCDOR ID/Account Number

Fill in circle if applicable:
 Amended Return

Part 1. Computation of Increased N.C. Cigarette Excise Tax

Inventory of North Carolina Tax-Paid Cigarette Packs on September 1, 2009	Column A	Column B
	List in Packs of:	
	Twenty	Twenty-Five

- 1. Number of Saleable North Carolina Tax-Paid Packs of Cigarettes ▶ 1. _____ .00 _____ .00
- 2. Number of Unsaleable North Carolina Tax-Paid Packs of Cigarettes ▶ 2. _____ .00 _____ .00
- 3. Total North Carolina Tax-Paid Packs of Cigarettes
Add Lines 1 and 2 3. _____ .00 _____ .00
- 4. Additional Tax - .50¢ Per Cigarette
(Pack of 20, Rate 10¢; Pack of 25, Rate 12.50¢) 4. 10¢ 12.50¢
- 5. Additional Excise Tax Due
Multiply Line 3 by Line 4 5. _____ .00 _____ .00
- 6. Additional Tax
Add Column A and Column B on Line 5 ▶ 6. _____ .00
- 7. Penalty (10% for late payment; 5% per month, maximum 25%, for late filing) Multiply Line 6 by rate above if return with full payment is not filed timely. ▶ 7. _____ .00
- 8. Interest (See the Department's website, www.dormc.com, for current interest rate.) Multiply Line 6 by applicable rate if return with full payment is not filed timely. ▶ 8. _____ .00
- 9. Total Payment Due
Add Lines 6 through 8 9. _____ .00



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

Reports are due by September 21, 2009. Mail this form with your check or money order in U.S. currency from a domestic bank to:
North Carolina Department of Revenue, PO Box 25000, Raleigh, North Carolina 27640-0110

