

Statement of Inventory for 2009 Cigarette Excise Tax Increase

North Carolina Department of Revenue

Name of Distributor

Address

City

State

Zip Code

Name of Contact Person

Phone Number

State of Domicile

For Departmental Use Only

99999

FEIN or SSN

Cigarette Account Number

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. <input type="text"/>	<input type="text"/>
2. Number of Unsaleable North Carolina Tax-Paid Packs of Cigarettes	2. <input type="text"/>	<input type="text"/>
3. Total North Carolina Tax-Paid Packs of Cigarettes (Add Lines 1 and 2)	3. <input type="text"/>	<input type="text"/>
4. Additional Tax - 1/2¢ Per Cigarette (Pack of 20, Rate 10¢; Pack of 25, Rate 12 1/2¢)	4. <input type="text" value="10¢"/>	<input type="text" value="12 1/2¢"/>
5. Additional Excise Tax Due (Multiply Line 3 by Line 4)	5. \$ <input type="text"/>	\$ <input type="text"/>
6. Discount (No Discount Deduction Allowed with Additional Tax Due)	6. <input type="text"/>	<input type="text"/>
7. Penalty (See instructions)	7. <input type="text"/>	<input type="text"/>
8. Interest (See instructions)	8. <input type="text"/>	<input type="text"/>
9. Total Payment Due (Add Lines 5 through 8)	▶ 9. \$ <input type="text"/>	\$ <input type="text"/>
10. Total of Columns A and B. Remit with Report. (Include a check or money order in U.S. currency from a domestic bank.)	10. \$ <input type="text"/>	<input type="text"/>

(continued on next page)

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 the report with the total amount due to:
North Carolina Department of Revenue, Tobacco Products Unit, PO Box 25000, Raleigh, North Carolina 27640-0001

