

Monthly Return of Resident Cigarette Distributor

North Carolina Department of Revenue

Application for Period	Beginning (MM-DD-YY) _____	Ending (MM-DD-YY) _____
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DOR Use Only

____ / ____ / ____

Legal Name of Owner (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/License Number

Fill in circle if applicable:

Payment has been made through electronic funds transfer (EFT)

Schedule A. Non-Tax-Paid Cigarette Inventory and Computation of North Carolina Cigarette Excise Tax

Packs of Non-Tax-Paid Cigarettes <small>(IMPORTANT: NON-TAX-PAID, whenever used in this return, including the Schedule I and Schedule J attachments, means "no North Carolina cigarette tax-paid.")</small>		Column A	Column B
		List in Packs of:	
		Twenty	Twenty-Five
1. Non-Tax-Paid Packs Beginning Inventory	1.		
2. Purchased and Received From Manufacturer (From Page 3, Schedule C)	2.		
3. Other Increases in Inventory (Attach an explanation)	3.		
4. Add Lines 1 through 3	4.		
5. Sold to Federal Government and Its Instrumentalities (From Page 2, Schedule B)	5.		
6. Shipped, Delivered, or Sold Outside North Carolina (From Form B-A-5, Schedule I, attached)	6.		
7. Non-Tax-Paid Packs Returned to Manufacturer (From Form B-A-5, Schedule J, attached)	7.		
8. Other Decreases in Inventory (Attach an explanation)	8.		
9. Non-Tax-Paid Packs Ending Inventory (Actual Physical Inventory) ▶	9.		
10. Total Deductions (Add Lines 5 through 9)	10.		
11. Total Packs Subject to North Carolina Tax (Line 4 minus Line 10) (Note: If paying on total purchases rather than sales, carry total to Page 4, Schedule D, Line 3.) ▶	11.		
12. Tax Rate: 2 1/4¢ per Cigarette (Pack of 20, Rate 45¢; Pack of 25, Rate 56 1/4¢)	12.	45¢	56 1/4¢
13. Total Excise Tax Due (Multiply Line 11 by Line 12)	13.	\$	\$
14. Discount (Multiply Line 13 by 2% if report with full payment is timely filed; otherwise enter zero.)	14.		
15. Net Excise Tax Due (Line 13 minus Line 14)	15.	\$	\$
16. Penalty (10% for late payment; 5% per month, maximum 25%, for late filing) Multiply Line 13 by rate above if return with full payment is not filed timely.	16.		
17. Interest (See the Department's website, www.dormc.com, for current interest rate.) Multiply Line 13 by applicable rate if return with full payment is not filed timely.	17.		
18. Total Payment Due (Add Lines 15 through 17) ▶	18.	\$	\$
19. Total of Columns A and B. Remit with Return.	19.	\$	\$

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

Returns are due within twenty days after the end of each month. Form B-A-7, Tobacco Return Tax-Paid Products of Nonparticipating Manufacturers, must be filed with this return. Mail this form with your check or money order in U.S. currency from a domestic bank to:

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

Schedule D. Inventory of North Carolina Tax-Paid Packs

Packs of North Carolina Tax-Paid Cigarettes <i>(IMPORTANT: TAX-PAID, whenever used in this return, including Schedule D and Schedule E below, means "North Carolina cigarette tax-paid.")</i>		List in Packs of:	
		Twenty	Twenty-Five
1. Tax-Paid Packs Beginning Inventory	1.		
2. Purchased and Received From Other Sources <i>(From Schedule E, below)</i>	2.		
3. Non-Tax-Paid Purchases Tax-Paid on this Return <i>(From Page 1, Schedule A, Line 11)</i>	3.		
4. Other Increases in Inventory <i>(Attach an explanation)</i>	4.		
5. Packs Sold in State of North Carolina	5.		
6. Tax-Paid Packs Returned to Manufacturer <i>(From Form B-A-5, Schedule J, attached)</i>	6.		
7. Other Decreases in Inventory <i>(Attach an explanation)</i>	7.		
8. Tax-Paid Packs Ending Inventory <i>(Actual Physical Inventory)</i>	8.		

Schedule E. North Carolina Tax-Paid Cigarettes Purchased and Received From Other Sources

(Attach copies of invoices for all tax-paid purchases. Important: Tax-Paid purchases can not be deducted on Page 1, Schedule A, Line 6.)

Invoice Date	Invoice Number	Purchased From Name and Address	List in Packs of:	
			Twenty	Twenty-Five
Totals <i>(To Schedule D, Line 2, above)</i>				

For Departmental Use Only	Date Received: _____ Audited By: _____ Date Audited: _____
	Comments: _____

