

## Non-Tax-Paid Cigarettes Shipped, Delivered, or Sold Outside North Carolina

North Carolina Department of Revenue

Return for Month Ended (MM-DD-YY)

DOR Use Only

**Distributor's Name** (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

**Mailing Address**

**City**  **State**  **Zip Code**

**Name of Contact Person**  **State of Domicile**

**Phone Number**  **Fax Number**

**FEIN or SSN**

**NCDOR ID/License Number**

**Shipped to State of**

**INSTRUCTIONS**

Complete the following table for all non-tax-paid cigarettes shipped, delivered, or sold outside of North Carolina during the month. List each shipment separately using the following codes to describe the shipping method used: **DT**, Distributor Truck; **CC**, Common/Contract Carriers; **PP**, Parcel Post and **CT**, Customer Truck. If nonparticipating manufacturing brands are sold, list each brand separately. Use a separate sheet for each state to which deliveries were made during the month. **Important: If you claim a deduction for cigarettes shipped, delivered or sold outside North Carolina on Form B-A-5, Schedule A, Line 6, Schedule I must be attached. Failure to attach Schedule I could result in the disallowance of the deduction.**

Date Shipped	Shipping Method	Name and Address of Distributors	Nonparticipating Manufacturing Brands	Column A	Column B
				List in Packs of:	
				Twenty	Twenty-Five
<b>Totals of Columns A and B</b> (Carry to Form B-A-5, Schedule A, Line 6)					