

B-C-784

Web
12-11

Wine Distributor Excise Tax Return

North Carolina Department of Revenue

Return for Month Ended (MM-DD-YY) _____

DOR Use Only _____

FEIN or SSN _____

Legal Name (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Trade Name _____

NCDOR ID/Account Number _____

Mailing Address _____

Wine Shipper/ABC Permit Number _____

City _____ State _____ Zip Code _____

Name of Contact Person _____ State of Domicile _____

Phone Number _____

State of Domicile _____

Phone Number _____

Fax Number _____

Fill in circle if applicable:
 Amended Return

Part 1. Computation of Unfortified and Fortified Wine Excise Tax **Unfortified Wine** **Fortified Wine**

	Unfortified Wine	Fortified Wine
1. Beginning Inventory (In liters)	1. _____	_____
2. Total Liters Received (From Part 2, Total)	2. _____	_____
3. Total Liters Available Add Lines 1 and 2	3. _____	_____
4. a. Allowable Deductions (Attach Schedule)	4a. _____	_____
b. Adjustments to Taxable Transactions (Attach Schedule)	4b. _____	_____
c. Military Sales (From Part 3, Total)	4c. _____	_____
d. Ending Inventory (In liters)	4d. _____	_____
5. Total Taxable Liters Line 3 minus Lines 4a - 4d	5. _____	_____
6. Tax Rate	6. 26.34¢	29.34¢
7. Total Excise Tax Due Multiply Line 5 by applicable tax rate on Line 6	7. _____ .00	_____ .00
8. Discount Multiply Line 7 by 2% if return with full payment is timely filed; otherwise enter zero.	8. _____ .00	_____ .00
9. Net Tax Due Line 7 minus Line 8	9. _____ .00	_____ .00
10. Penalty (10% for late payment; 5% per month, maximum 25%, for late filing) Multiply Line 7 by rate above if return with full payment is not filed timely.	10. _____ .00	_____ .00
11. Interest (See the Department's website, www.dornrc.com , for current interest rate.) Multiply Line 7 by applicable rate if return with full payment is not filed timely.	11. _____ .00	_____ .00
12. Total Due Add Lines 9 through 11	12. _____ .00	_____ .00
13. Total Payment Due Add Line 12 for both Unfortified and Fortified Wine	▶ 13. _____ .00	_____ .00

Signature: _____ Title: _____ Date: _____

I certify that, to the best of my knowledge, this return is accurate and complete.

For your convenience, electronic payment methods are available through our website at www.dornrc.com.
North Carolina Department of Revenue, Post Office Box 25000, Raleigh, North Carolina 27640-0110

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