

B-A-120 Alternative Nicotine Products Floor Tax Form

Return for Month Ended (MM-DD-YY)	DOR Use Only
Legal Name (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRES:	FEIN or SSN
Physical Address (Address Associated with License)	
City	State Zip Code
Name of Contact Person	State of Domicile
Phone Number Fax Number	
Schedule A. Schedule of Additional Tax Due For Alte	native Nicotine Products in Inventory as of July 1, 2025
A wholesale dealer or retailer dealer that holds alternative nicotine products tax due, Form B-A-120 Alternative Nicotine Products Floor Tax Form for early the second sec	n inventory as of July 1, 2025 must complete and return, with payment of any nocation on or before July 20, 2025.
1. Total Containers of Alternative Nicotine Products in Inv (From Schedule B, Total of Column F)	1.
2. Excise Tax on Units Less Than or Equal to 20 in Each C Multiply Line 1 by \$0.10	ntainer 2.
3. Units Greater Than 20 in Each Container (From Schedule B, Total of Column G)	3.
4. Excise Tax on Units Greater Than 20 in Each Container Multiply Line 3 by \$0.005 (1/2 cent)	4.
5. Total Additional Excise Tax Due for Alternative Nicotine Add Line 2 and Line 4	n Inventory 5. \$

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

Title:

_ Date:

Payments must be made by check or money order and must be in the form of U.S. currency from a domestic bank and payable to North Carolina Department of Revenue. Mail to: North Carolina Department of Revenue, PO Box 25000, Raleigh, North Carolina 27640-0950. Electronic payments and ACH payments are not available for this form.

Schedule B. Inv	rentory of Alternative Nice	Schedule B. Inventory of Alternative Nicotine Products in Inventory as of July 1, 2025	, 2025			
(A) Manufacturer	(B) Brand	(C) Product Description as Shown on Invoice	(D) Number of Units in Each Container	(E) Number of Units with >20 in Each Container (Column D minus 20; if negative, enter zero)	(F) Number of Containers in Inventory	(G) Total Units >20 in Each Container (Muttiply Column E by Column F)
					Total of Column F Enter the total here and on	Total of Column G Enter the total
					Schedule A, Line 1	Schequie A, Line 3

NCDOR ID

Page 2, B-A-120, Web, 6-25 Legal Name