

DOR Use Only

	Report Beginning _	_ Ending
	for Period (MM-DD-YY)	(<i>MM-DD-YY</i>)
Trade Name		
	Fill in circle if applicable:	FEIN or SSN
	Amended Report	
Zip Code	Phone Number	
		NCDOR ID/License Number
State of Domicile	Fax Number	
		for Period MM-DD-YY Fill in circle if applicable: Amended Report No Transactions Pcode Phone Number Interest of Domicile

Delivery Sales of Certain Tobacco Products (other than cigars) Shipped and/or Delivered to N.C. Consumers

Brand Name	Туре	Name, Address, Telephone Number, and E-Mail Address of the N.C. Consumer	Quantity of Tobacco Product Sold

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Legal Name ____

Delivery Sales of Certain Tobacco Products (other than cigars) Shipped and/or Delivered to N.C. Consumers						
Brand Name	Туре	Name, Address, Telephone Number, and E-Mail Address of the N.C. Consumer	Quantity of Tobacco Product Sold			

Signature:

__ Title: _____ Date: _____

This report is due by the 10th day after the end of each month.

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

Mail to: North Carolina Department of Revenue, Excise Tax Division, 3301 Terminal Drive, Suite 125, Raleigh, NC 27604. Questions: Contact Excise Tax Division at: Telephone Number: (919) 733-3641; Fax Number: (919) 250-7898