



#### Instructions For Handwritten **Forms**

### **Guidelines**



Do not use red ink. Use blue or black ink.









Do not use dollar signs, commas, or other punctuation marks.







## **Printing**



Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.



Do not select "print on both sides of paper."



## **Before** Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.





# NCDOR Web 7-19 B-A-102 Monthly Vapor Products Excise Tax Return

		DOR Use Only —
Ap fo	plication Beginning Ending Ending Feriod (MM-DD-YY) (MM-DD-YY)	
egal N	lame of Owner (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)	
		FEIN or SSN
rade I		1
i uuu i		
An Illino	Address	
nanıng	Address	NCDOR ID
ity	State Zip Code	
lame (	of Contact Person State of Domicile	
		Fill in circle if applicable:
Phone	Number Fax Number	O Amended Return
Co	emputation of Vapor Products Sold/Purchased in Taxable Transactions	
1.	Number of Milliliters of Vapor Products Sold/Purchased During the Month (Round to the nearest whole number. Attach copies of invoices or equivalent information.)	► 1 mL
	(Nound to the hearest whole humber. Attach copies of involces of equivalent information.)	
2.	Number of Milliliters of Vapor Products Sold Outside of North Carolina	<b>N</b> 2
	(Round to the nearest whole number. Attach copies of invoices or equivalent information.)	▶ <sup>2.</sup> ,, mL
3.	Number of Milliliters of Vapor Products Sold to the Federal	
	Government or Instrumentalities Thereof (Round to the nearest whole number. Attach copies of invoices or equivalent information.)	▶ 3 mL
	(Nound to the hearest whole humber. Attach copies of involces of equivalent minimation.)	•
4.	Number of Milliliters of Vapor Products Sold in Designated Sales Agreements (Round to the nearest whole number. See instructions.)	▶ 4 mL
	(Round to the hearest whole number. See instructions.)	
5.	Total Number of Exempt Milliliters of Vapor Products Sold	
	Add Lines 2 through 4	<sup>5.</sup> , mL
6.	Total Number of Milliliters of Vapor Products Sold/Purchased in Taxable Transactions	
	During the Month Line 1 minus Line 5	<sup>6.</sup> , mL
	Line i minus Line 3	,
7.	Total Vapor Products Tax Due	7.
	Multiply Line 6 by \$0.05	
8.	Penalty (10% for late payment; 5% per month, maximum 25%, for late filing)	<b>&gt;</b> 0
	(See instructions)	<b>▶</b> 8.
•	Interest (On the Department of the control of the c	
9.	Interest (See the Department's website, <u>www.ncdor.gov</u> , for current interest rate.) (See instructions)	9.
		, ,
10.	Total Payment Due	10. \$
	Add Lines 7 through 9	T,
Sians	nture:Title:	Date:
, y i ic	I certify that, to the best of my knowledge, this return is accurate and complete.	Date

Returns for other tobacco vapor products are due on or before the 20th day of the month following the month in which the taxable sales and other activities occur. A return must be filed even if no tax is due.

Note: Taxable transactions for non-vapor other tobacco products must be reported and paid separately on Form B-A-101, Monthly Other Tobacco Products Excise Tax Return.

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 Caroline Department of Revenue, PO Box 25000, Raleigh, North Carolina 27640-0950