

BA-15Cigarette Manufacturer's Gratis Return

Return for Month Ended (MM-DD-YY) = =			DOR Use Only
gal Name (First 35 Characters) (USE CAPITAL LETTERS FC	R YOUR NAME AND ADDRESS)		EEIN ov CCN
rade Name			FEIN or SSN
ailing Address			
		7.004	NCDOR ID/Account Number
ty	51	tate Zip Code	
me of Contact Person		State of Domicile	
hone Number Fax Number			Fill in circle if applicable:
			Amended Return
Computation of	Tax Due for Gratis Cig	arettes Shipped to No	rth Carolina
Packs of Gratic Cigarottes	Column A	Column B	Column C
Packs of Gratis Cigarettes	Record in Packs of Twenty	Record in Packs of Twenty-Five	Stick Total
1. Gratis cigarettes shipped for use in North Carolina			· · · · · · · · · · · · · · · · · · ·
2. Tax Rate: 2.25¢ Per Cigarette (Pack of 20, Rate 45¢; Pack of 25, Rate 56.25¢) 2.	45¢	56.25¢	2.25¢
3. Total Excise Tax Due Multiply Line 1 by Line 2 3.			
4. Total Tax Add Columns A, B and C on Line 3		4.	
Add Columns A, B and C on Line 3		4. 5.	
5. Discount Multiply Line 4 by 2% if report with full payme	ent is		
 Add Columns A, B and C on Line 3 Discount Multiply Line 4 by 2% if report with full payme timely filed; otherwise enter zero. Net Excise Tax Due 	ent is	5.	
 Add Columns A, B and C on Line 3 Discount Multiply Line 4 by 2% if report with full payme timely filed; otherwise enter zero. Net Excise Tax Due Line 4 minus Line 5 Penalty (10% for late payment; 5% per mor for late filing) Multiply Line 4 by rate above if 	ent is http://maximum 25%, return with full	5. 6.	

Returns are due within twenty days after the end of the month. Form B-A-7, Tobacco Report Tax-Paid Products of Nonparticipating Manufacturers, must be filed with this return. If there is no gratis for the month, enter zeros and remit this return by the due date. Your check or money order must be in the form of U.S. currency from a domestic bank.