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Cigarette Manufacturer's Affidavit
(Unsalable Cigarettes)
North Carolina Department of Revenue

Name of Manufacturer

Street Address of Manufacturer

City

State

Zip Code

From (Name of Wholesaler or Distributor)

Street Address Where Original Product Was Shipped

City

State

Zip Code

**Date The Manufacturer Received
the Returned Product**

(MM-DD-YY)

Authorization Number

The undersigned, being duly sworn, states:

1. That the unsalable cigarettes described below on which the North Carolina Cigarette Excise Tax has been paid were received

from _____
Name of North Carolina Distributor License Number

Street and Number

City and State

2. That all the packages of cigarettes listed above have been destroyed, and that none of the cigarettes returned by the distributor will be reshipped or sold in the State of North Carolina.

Packs received as N.C. tax-paid under Reporting Method (effective 1/1/94)	No. of Packs	No. of Cigarettes Per Pack	Tax Value Each Pack	Gross Tax Value
Brand Name				
Brand Name				
Brand Name				
Brand Name				

**The undersigned states, under the penalty of perjury, that all the information contained on this form is true and accurate.
Please attach the credit memo and/or any invoices for substantiation.**

Name of Manufacturer on whose behalf affidavit is made

Signature and Title of Affidavit

Date

The State of _____ County of _____

Subscribed and sworn before me a Notary Public in and for the County and State on this _____ day of _____
_____ 2010.

Notary Public Commission Expires _____

North Carolina Department of Revenue, Tobacco Products Unit, PO Box 25000, Raleigh, North Carolina 27640-0001