

B-A-201

Web
2-10

**Other Tobacco Products
Manufacturer's Affidavit**
(Unsaleable Other Tobacco Products)
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 following Return of Other Tobacco Products is covered by credit memo# _____

dated _____ and includes _____ packages of Other Tobacco Products.

North Carolina tax paid Other Tobacco Products listed below have been received and destroyed.

Brand Name	Description	Quantity	Cost Price

**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.**

Authorized Agent for Manufacturer

Dated: _____

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 _____