

Cigarettes Returned to Manufacturer

North Carolina Department of Revenue

Application for Period	Beginning (MM-DD-YY)	and ending (MM-DD-YY)
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Legal Name of Owner (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Trade Name

Mailing Address

City

State

Zip Code

Name of Contact Person

State of Domicile

Phone Number

Fax Number

FEIN or SSN

NCDOR ID/License Number

Part 1. Total Packs Returned to Manufacturer

TOTALS

Column A	Column B
Non-Tax-Paid in Packs of:	
Twenty	Twenty-Five

1. Totals ▶

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Carry totals of Column A and B to Form B-A-5, Schedule A, Line 7

Column C	Column D
Tax-Paid in Packs of:	
Twenty	Twenty-Five

2. Totals ▶

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Carry totals of Column C and D to Form B-A-5, Schedule D, Line 6 or Form B-A-6, Schedule B, Line 5, whichever is applicable



Cigarettes returned to the manufacturer on Form B-A-5 or B-A-6 should include a Schedule J with completed Part 2 Detail Summary. Failure to attach a complete Schedule J could result in the disallowance of a deduction or refund.

NCDOR ID _____

Complete the following table for all cigarettes returned to the manufacturer during the month. List each shipment separately using the following codes to describe the shipping method used: **DT**, Distributor Truck; **CC**, Common/Contract Carriers; and **PP**, Parcel Post. If nonparticipating manufacturing brands are returned, list each brand separately.

Part 2. Detail Summary of Packs Returned to Manufacturer

Date Shipped	Shipping Method	Name and Address of Manufacturer	Nonparticipating Manufacturing Brands	Column A	Column B	Column C	Column D
				Non-Tax-Paid in Packs of:		Tax-Paid in Packs of:	
				Twenty	Twenty-Five	Twenty	Twenty-Five
Totals							
				Carry totals of Column A and B to Part 1, Line 1		Carry totals of Column C and D to Part 1, Line 2	