B-A-5	
Schedule J	
Web	
4-11	

Cigarettes Returned to Manufacturer

North Carolina Department of Revenue

Application for Period Be	ginning (MM-DD-YY)	and ending	(MM-DD-YY)		
Legal Name of Owner (First 35 Characters) (USE CAP	ITAL LETTERS FOR YOUR NAME AND ADDRESS))			
Trade Name			FEIN	or SSN	
Mailing Address					
City	Stat	te Zip Code	NCDOR ID/Li	cense Number	
Name of Contact Person	Fau Numbra	State of Domicile			
Phone Number	Fax Number				
Part 1. Total Packs Returned	Column A		ımn B	_	
	Non-Tax-Pa	x-Paid in Packs of: Twenty-Five			
1. Totals		<u> </u>			
F	Column C	Colu	ımn D		
2. Totals	Carry totals of Column C and D to For	· · · · · · ·	ty-Five		

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.

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										
		Name and Address of Manufacturer	Nonparticipating Manufacturing	Column A	Column B	Column C	Column D			
Date	Shipping Method			Non-Tax-Paid in Packs of:		Tax-Paid in Packs of:				
Shipped	Method		Brands	Twenty	Twenty-Five	Twenty	Twenty-Five			
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		L]]						
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				
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