



## Instructions For Handwritten **Forms**

## **Guidelines**



Do not use red ink. Use blue or black ink.









Do not use dollar signs, commas, or other punctuation marks.







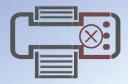
## **Printing**



Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.



Do not select "print on both sides of paper."



# **Before** Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.





### B-A-MR25 Schedule of Modified Risk Tobacco Products - 25% Exposure Modification Order

DOR Use Only -	
20.1.000 0,	

Legal Name (First 35 Characters) (USE CAPITAL L	LETTERS FOR YOUR NAME AND ADDRESS)	Г	Schedule Beginning		End	lina _
Trade Name		L	for Period (MM-DD-YY)		(MM-	DD-YY)
Mailing Address		[	Fill in circle if applica  Amended Schedu		·	FEIN or SSN
City  Name of Contact Person	State Zip Coo		one Number		NCDOR	ID/License Number
Part 1. Other Tobacco P	Products - List of Modified Risk Toba	cco Produ	ucts Subject to 25	% Tax	Reduction	
Modified Risk Tobacco Product Number	Product Manufacturer	Proc	duct Category	N	Cost Price of Modified Risk bacco Product	25% Reduction of Cost Price of Modified Risk Tobacco Product
		<u> </u>				
	7	Total:	Add the amounts from enter the sum here and	Part 1 for d on Line	this column and 4, of Form B-A-101	

#### Part 2. Cigarette - List of Modified Risk Tobacco Products Subject to 25% Tax Reduction

Modified Risk Tobacco Product Number	Product Manufacturer	Product Category	Number of Packs of Twenty and/or Twenty-Five of Modified Risk Tobacco Product	25% Reduction of Number of Packs of Twenty and/ or Twenty-Five of Modified Risk Tobacco Product
	Total:	Add the amounts from Part 2 fo here and on Line 8 of Form B-A whichever is applicable.	r this column and enter the sum -5 or on Line 1 of Form B-A-6,	

	gal Name				
Modified Risk Tobacco Product Number	List of Modified Risk Tobacco Pro	Product Category	Number of Milliliters of Modified Risk Tobacco Product	25% Reduction of Number of Milliliters of Modified Ri Tobacco Product	
				1	
				-	

Signature: 
| Title: | Date: |

Total:

Add the amounts from Part 3 for this column and enter the sum here and on Line 4 of Form B-A-102.