



B-A-101R

Application for Other Tobacco Products Excise Tax Refund for North Carolina Tax-Paid Other Tobacco Products Returned to Manufacturer

Return for Month Ended (MM-DD-YY) _____
(Date returned to manufacturer)

DOR Use Only

Legal Name (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

Computation of Refund for North Carolina Tax-Paid Other Tobacco Products

1. Total Cost Price of Other Tobacco Products Returned to Manufacturer

Cost price is the price paid for the products before any discount, rebate, or allowance. (Attach copies of invoices or equivalent information.)

1. _____ .00

2. Refund Rate for Returned Other Tobacco Products

2. **12.8%**

3. Refund Due

Multiply Line 1 by Line 2

3. _____ .00

4. Discount

Multiply Line 3 by 2%

4. _____ .00

5. Refund Due for Other Tobacco Products

Line 3 minus Line 4

5. _____ .00

Computation of Refund for North Carolina Tax-Paid Vapor Products

6. Total Number of Milliliters of Vapor Product Returned to Manufacturer

(Attach copies of invoices or equivalent information)

6. _____ MLs

7. Refund Rate for Returned Vapor Products

7. **\$0.05**

8. Refund Due for Vapor Products

Multiply Line 6 by Line 7

8. _____ .00

9. Total Refund Due

Line 5 plus Line 8

9. _____ .00

Signature: _____ Title: _____ Date: _____
I certify that, to the best of my knowledge, this return is accurate and complete.

An original manufacturer's affidavit or a written certificate signed under penalty of perjury and a copy of the manufacturer's credit memo MUST be attached to this application.