

Instructions for Handwritten **Forms**

Guidelines



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









Do not use dollar signs, commas, or other punction 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."



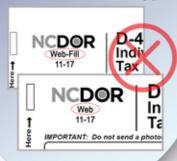
Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.



NCDOR | BA-8 Web 1-23 | Cigarette Use Tax Return

	nding M-DD-YY) = =		- DOR Use Only
Name (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME	AND ADDRESS)		FEIN or SSN
Name		´	
ng Address		NCDC	PR ID/License Number
	State Zip Code	-	
of Contact Person	State of Domici	·	n circle if applicable:
e Number Fax Number			Amended Return
rt 1. Computation of Cigarette Tax on No	-Tax Paid Cigarettes in N.C.	(Attach additional	pages if needed)
	ess of the Person(s) Number of Packs	Tax Rate (From Part 2)	Use Tax Due
Total Use Tax Due (Add the amount of use tax due and enter the sum)		> 2.	
Penalty (5% for late payment; 5% per month, maximu Multiply Line 2 by rate above if return with full paymen	t is not filed timely.	▶ 3.	<u> </u>
Interest (See the Department's website, <u>www.ncdor.c</u> Multiply Line 2 by applicable rate if return with full pay	ov, for current interest rate.) ment is not filed timely.	4 .	, ,
Total Payment Due Add Lines 2 through 4		5. \$, , , , , , , , , , , , , , , , , , ,
art 2. Tax Rates	Number of Cigarettes pe	Pack Ta	x Rate (2.25¢ per cigarette)
	Twenty (20)		45¢
o calculate the tax rate, see the tax rate chart, multiply the number of cigarettes per pack nes .0225 (2.25¢) per cigarette.			

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