

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."



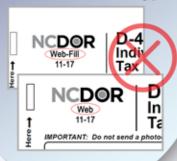
Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.





NCDOR Web 1-23 B-A-102 Monthly Vapor Products Excise Tax Return

	——————————————————————————————————————
Application Beginning Ending (MM-DD-YY) Ending (MM-DD-YY)	
egal Name of Owner (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND AL	DRESS) FEIN or SSN
Trade Name	FEIN OF 35N
Physical Address	Napapip
ity	State Zip Code
·	
lame of Contact Person	State of Domicile Fill in circle if applicable:
Phone Number Fax Number Email Address	O Amended Return
Computation of Vapor Products Sold/Purchased in Ta	cable Transactions
Number of Milliliters of Vapor Products Sold/Purchased During (Round to the nearest whole number. Attach copies of invoices or each company of the copies of the	
2. Number of Milliliters of Vapor Products Sold Outside of North C (Round to the nearest whole number. Attach copies of invoices or ed	arolina uivalent information.) • 2 mL
3. Number of Milliliters of Vapor Products Sold to the Federal Government or Instrumentalities Thereof (Round to the nearest whole number. Attach copies of invoices or each copies of invoices or each copies.	uivalent information.) 3 mL
4. Number of Other Exempt Milliliters of Vapor Products (Round to the nearest whole number. See instructions.)	▶ 4 mL
 Total Number of Exempt Milliliters of Vapor Products Sold Add Lines 2 through 4 	^{5.} mL
 Total Number of Milliliters of Vapor Products Sold/Purchased in During the Month Line 1 minus Line 5 	Taxable Transactions 6 mL
7. Total Vapor Products Tax Due Multiply Line 6 by \$0.05	7
8. Penalty (See instructions)	▶ 8.
9. Interest (See the Department's website, www.ncdor.gov , for current (See instructions)	t interest rate.) 9.
10. Total Payment Due Add Lines 7 through 9	10. \$
ignature: I certify that, to the best of my knowledge, this return is accurate and complete.	Title: Date:

Returns for other tobacco vapor products are due on or before the 20th day of the month following the month in which the taxable sales and other activities occur. A return must be filed even if no tax is due.

Note: Taxable transactions for non-vapor other tobacco products must be reported and paid separately on Form B-A-101, Monthly Other Tobacco Products Excise Tax Return.

Payments must be made by check or money order and must be in the form of U.S. currency from a domestic bank and payable to North Carolina Department of Revenue. Mail to: North Carolina Department of Revenue, PO Box 25000, Raleigh, North Carolina 27640-0950