

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.”



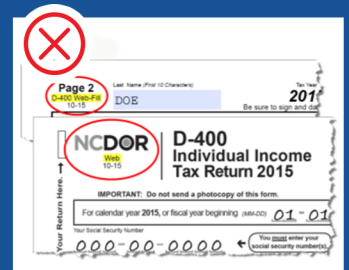
Before You Send



Do not submit
photocopies of returns.
Submit originals only.



Do not mix form types



B-A-102 Monthly Vapor Products Excise Tax Return

Application for Period	Beginning (MM-DD-YY) _____	Ending (MM-DD-YY) _____
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DOR Use Only

Legal Name of Owner (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Trade Name

Physical Address

City

State

Zip Code

Name of Contact Person

State of Domicile

Phone Number

Fax Number

Email Address

FEIN or SSN

NCDOR ID

Fill in circle if applicable:

☐ Amended Return

Computation of Vapor Products Sold/Purchased in Taxable Transactions

- | | |
|--|---|
| <p>1. Number of Milliliters of Vapor Products Sold/Purchased During the Month
(Round to the nearest whole number. Attach copies of invoices or equivalent information.)</p> <p>2. Number of Milliliters of Vapor Products Sold Outside of North Carolina
(Round to the nearest whole number. Attach copies of invoices or equivalent information.)</p> <p>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 equivalent information.)</p> <p>4. Number of Other Exempt Milliliters of Vapor Products
(Round to the nearest whole number. See instructions.)</p> <p>5. Total Number of Exempt Milliliters of Vapor Products Sold
Add Lines 2 through 4</p> <p>6. Total Number of Milliliters of Vapor Products Sold/Purchased in Taxable Transactions During the Month
Line 1 minus Line 5</p> <p>7. Total Vapor Products Tax Due
Multiply Line 6 by \$0.05</p> <p>8. Penalty (See instructions)</p> <p>9. Interest (See the Department's website, www.ncdor.gov, for current interest rate.)
(See instructions)</p> <p>10. Total Payment Due
Add Lines 7 through 9</p> | <p>1. _____ mL</p> <p>2. _____ mL</p> <p>3. _____ mL</p> <p>4. _____ mL</p> <p>5. _____ mL</p> <p>6. _____ mL</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. \$ _____</p> |
|--|---|

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

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