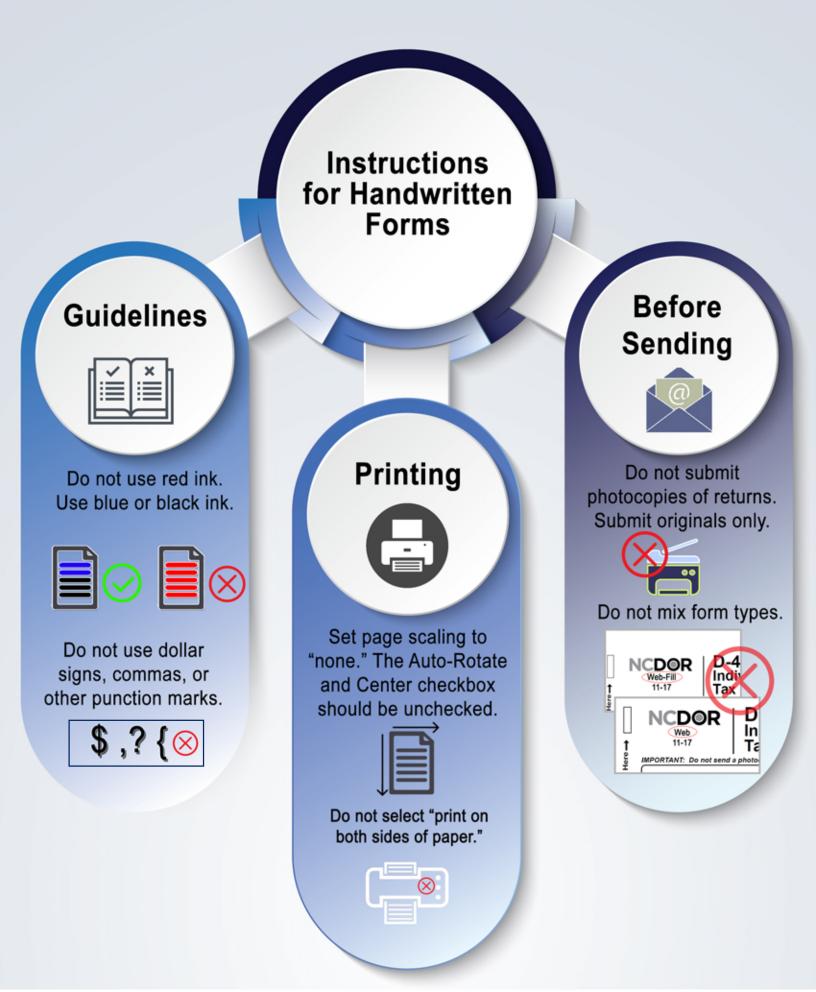
Do Not Include This Page





Return for Month Ended (MM-DD			DOR Use Only
·			
agal Name (First 35 Characters) (USE CAPITAL LETTERS FO	R YOUR NAME AND ADDRESS)	Г	FEIN or SSN
rade Name			
ailing Address			
City State Zip Code			NCDOR ID/Account Number
ame of Contact Person		State of Domicile	
Phone Number Fax Number			Fill in circle if applicable:
			Amended Return
Computation of	Fax Due for Gratis Ciga	arettes Shipped to No	orth Carolina
Packs of Gratis Cigarettes	Column A Record in Packs	Column B Record in Packs	Column C
racks of Oralis Organeties	of Twenty	of Twenty-Five	Stick Total
1. Gratis cigarettes shipped for 🕨 1. use in North Carolina		<u> </u>	····
2. Tax Rate: 2.25¢ Per Cigarette (Pack of 20, Rate 45¢; Pack of 25, 2. Rate 56.25¢)	45¢	56.25¢	2.25¢
3. Total Excise Tax Due 3. Multiply Line 1 by Line 2 3.		· · · · · · · · · · · · · · · · · · ·	
4. Total Tax Add Columns A, B and C on Line 3		4.	• • • • • • • • • • • • • • • • • • • •
 Discount Multiply Line 4 by 2% if report with full payme timely filed; otherwise enter zero. 	nt is	5.	· · · · · · · · · · · · · · · · · · ·
6. Net Excise Tax Due Line 4 minus Line 5		6.	· · · · · · · · · · · · · · · · · · ·
 Penalty (5% for late payment; 5% per month for late filing) Multiply Line 4 by rate above if is not filed timely. 	h, maximum 25%, return with full payment ▶ 5	7.	
		3.	· · · · · · · · · · · · · · · · · · ·
 Interest (See the Department's website, <u>www.</u> current interest rate.) Multiply Line 4 by applica with full payment is not filed timely. 	•	<u> </u>	

_

- -

Returns are due within twenty days after the end of the month. Form B-A-7, Tobacco Report Tax-Paid Products of Nonparticipating Manufacturers, must be filed with this return. If there is no gratis for the month, enter zeros and remit this return by the due date. Your check or money order must be in the form of U.S. currency from a domestic bank.