

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.”



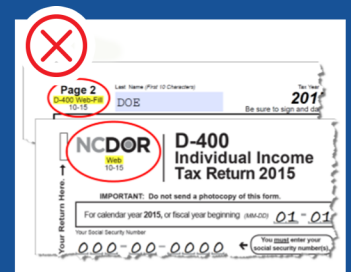
Before You Send



Do not submit
photocopies of returns.
Submit originals only.



Do not mix form types



B-A-MR25

Schedule of Modified Risk Tobacco Products - 25% Exposure Modification Order

DOR Use Only

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

Trade Name

Mailing Address

City

State

Zip Code

Phone Number

Name of Contact Person

State of Domicile

Fax Number

Schedule
for Period

Beginning
(MM-DD-YY)

Ending
(MM-DD-YY)

Fill in circle if applicable:

☐ Amended Schedule

FEIN or SSN

NCDOR ID/License Number

Part 1. Other Tobacco Products - List of Modified Risk Tobacco Products Subject to 25% Tax Reduction

Modified Risk Tobacco Product Number	Product Manufacturer	Product Category	Cost Price of Modified Risk Tobacco Product	25% Reduction of Cost Price of Modified Risk Tobacco Product

Total: Add the amounts from Part 1 for this column and enter the sum here and on Line 4, of Form B-A-101

Part 2. Cigarette - List of Modified Risk Tobacco Products Subject to 25% Tax Reduction

Modified Risk Tobacco Product Number	Product Manufacturer	Product Category	Number of Packs of Twenty and/or Twenty-Five of Modified Risk Tobacco Product	25% Reduction of Number of Packs of Twenty and/or Twenty-Five of Modified Risk Tobacco Product

Total:

Add the amounts from Part 2 for this column and enter the sum here and on Line 8 of Form B-A-5 or on Line 1 of Form B-A-6, whichever is applicable.

Part 3. Vapor Products - List of Modified Risk Tobacco Products Subject to 25% Tax Reduction

[illegible]

Total:

Add the amounts from Part 3 for this column and enter the sum here and on Line 4 of Form B-A-102.

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

Title: _____

Date: _____

Mail to: North Carolina Department of Revenue, PO Box 25000, Raleigh, North Carolina 27640-0110.
Questions: Contact Excise Tax Division at: Telephone Number: (919) 733-3641; Fax Number: (919) 250-7898