

Cigarette Use Tax Return

North Carolina Department of Revenue

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

____ / ____ / ____

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

Trade Name

Mailing Address

City _____ **State** _____ **Zip Code** _____

Name of Contact Person _____ **State of Domicile** _____

Phone Number _____ **Fax Number** _____

FEIN or SSN

NCDOR ID/License Number

Fill in circle if applicable:

Amended Return

Part 1. Computation of Cigarette Tax on Non-Tax Paid Cigarettes in N.C. (Attach additional pages if needed)

1.	Brand Name	Name and Address of the Person(s) from Whom Brand was Purchased	Number of Packs	Tax Rate (From Part 2)	Use Tax Due
▶					
▶					
▶					
▶					
▶					
2. Total Use Tax Due (Add the amount of use tax due and enter the sum)					▶ 2. _____ .00
3. Penalty (10% for late payment; 5% per month, maximum 25%, for late filing) Multiply Line 2 by rate above if return with full payment is not filed timely.					▶ 3. _____ .00
4. Interest (See the Department's website, www.dornc.com , for current interest rate.) Multiply Line 2 by applicable rate if return with full payment is not filed timely.					▶ 4. _____ .00
5. Total Payment Due Add Lines 2 through 4					5. \$ _____ .00

Part 2. Tax Rates	Number of Cigarettes per Pack	Tax Rate (2.25¢ per cigarette)
To calculate the tax rate, see the tax rate chart, or multiply the number of cigarettes per pack times .0225 (2.25¢) per cigarette.	Twenty (20)	45¢
	Twenty-Five (25)	56.25¢

A consumer use tax is due on the purchase price, including delivery charges, of tobacco products purchased outside of North Carolina for use in this State. The consumer use tax is in addition to the cigarette use tax paid on this return and should be reported on the Consumer Use Tax Line of the Form D-400, Individual Income Tax Return. If you are not required to file a North Carolina Individual Income Tax Return, you must file a Form E-554, Consumer Use Tax Return, and pay the amount due by April 15 of the following year.

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

Returns are due to be filed within 96 hours after first possessing cigarettes in N.C. on which tax has not been paid.
North Carolina Department of Revenue, PO Box 25000, Raleigh, North Carolina 27640-0110