## B-A-15

Web 8-12

## **Cigarette Manufacturer's Gratis Return**

North Carolina Department of Revenue

			DOR Use Only
			//
AME AND ADDRESS)			
			FEIN or SSN
		N	ICDOR ID/Account Number
State	Zip Code		
	State of Domicile	_	
			Fill in circle if applicable:
			Amended Return
	L		
e for Gratis Cigare	ttes Shipped to	North	Carolina
Column A	+		Column C
Record in Packs of Twenty			Stick Total
1.			<del> , ,</del>
2. <b>45¢</b>	56.25¢		2.25¢
3.	00	0	000
4.	<del>,</del>	<del>,</del>	00
<b>&gt;</b> 5.	00		
<b>&gt;</b> 6.	00		
imum 25%, rith full 7.		,	00
om, for lift return 8.		<del>,</del>	00
_			
1	e for Gratis Cigare  Column A  Record in Packs of Twenty  4.  4.  5.  6.  mum 25%, ith full  7.	State Zip Code  State of Domicile  e for Gratis Cigarettes Shipped to  Column A Column E  Record in Packs of Twenty-F  2. 45¢ 56.25¢  3	e for Gratis Cigarettes Shipped to North  Column A Column B  Record in Packs of Twenty-Five  2. 45¢ 56.25¢  3. 00 0 0  4.

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.