



NOTICE OF INTENT TO RETURN DAMAGED OR OBSOLETE CIGARETTES TO MANUFACTURER

STEP 1 - TYPE OR PRINT

Wholesaler	Date (MMDDYYYY)	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Number & Street Address (Mailing Address)	License Number	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Address (continued)	Taxpayer Identification Number	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
City / Town	State	Zip Code + 4 (or Canadian Postal Code)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Manufacturer	Manufacturer License Number	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

STEP 2

Ship Date (MMDDYYYY)	Return Authorization Number	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
1 Number of Packs of 20	<input style="width: 95%;" type="text"/> at a tax rate of 1.78	1 <input style="width: 95%;" type="text"/>
2 Number of Packs of 25	<input style="width: 95%;" type="text"/> at a tax rate of 2.23	2 <input style="width: 95%;" type="text"/>
3 Total		3 <input style="width: 95%;" type="text"/>

NOTE: This intent must be completed and filed with the Department at least 10 business days prior to shipping the damaged or obsolete packages of cigarettes or little cigars back to the manufacturer. It may be filed online at Granite Tax Connect on www.revenue.nh.gov/gtc, emailed to dra.collections@dra.nh.gov, or faxed to (603) 230-5946. A copy of the Returned Goods Authorization must be attached to the intent. If you have any questions, contact the Collection Division at (603) 230-5900.

STEP 3 - SIGNATURE

Under penalties of perjury, I declare that I have examined this document and to the best of my belief the information herein is true, correct and complete. (If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.)

Signature (in ink)

Print Signatory Name & Title

File online at Granite Tax Connect www.revenue.nh.gov/gtc
or EMAIL: dra.collections@dra.nh.gov
or FAX: 603-230-5946