

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**NOTICE OF INTENT TO RETURN DAMAGED OR OBSOLETE
 CIGARETTES TO MANUFACTURER**

PRINT OR TYPE

WHOLESALER	DATE
NUMBER & STREET ADDRESS	LICENSE #
ADDRESS (CONTINUED)	
CITY/TOWN, STATE & ZIP CODE	
MANUFACTURER	LICENSE #

SHIPPING DATE _____

Tax Rate

NUMBER OF PACKS _____ @ \$

\$
\$
\$

NUMBER OF PACKS _____ @ \$

TOTAL

NOTE: THE INTENT MUST BE FAXED TO (603) 230-5946 AT LEAST 10 BUSINESS DAYS BEFORE SHIPPING CIGARETTES BACK TO THE MANUFACTURER. A COPY OF THE RETURNED GOODS VOUCHER MUST BE ATTACHED TO THE INTENT. IF YOU HAVE ANY QUESTIONS, CALL THE COLLECTIONS DIVISION AT (603) 230-5900.

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) DATE

 PRINT SIGNATORY NAME & TITLE

COLLECTION DIVISION
 109 Pleasant Street, P.O. Box 454
 Concord, N.H. 03302-0454
 Telephone (603) 230-5900
 Fax (603) 230-5946