



**NOTICE OF INTENT TO RETURN DAMAGED OR OBSOLETE CIGARETTES TO MANUFACTURER**

**STEP 1 - TYPE OR PRINT**

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

**STEP 2**

Ship Date (MMDDYYYY) <input style="width: 95%;" type="text"/>	Return Authorization Number <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
2 Number of Packs of 25 <input style="width: 95%;" type="text"/>	at a tax rate of 2.23
3 Total <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](http://www.revenue.nh.gov/gtc), emailed to [dra.collections@dra.nh.gov](mailto: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](http://www.revenue.nh.gov/gtc)  
or EMAIL: [dra.collections@dra.nh.gov](mailto:dra.collections@dra.nh.gov)  
or FAX: 603-230-5946

