**B-206** Web 2-14

## **Bank Privilege Tax Return**

## North Carolina Department of Revenue

Return for Calendar Year (YYYY)							DOR Use Only	
Legal Name (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)						Federal I	Federal Employer ID Number	
Trade Name								
Mailing Address						NCDOR	NCDOR ID/Account Number	
City State Zip Code								
Name of Contact Person						○ Fu	Bank has been in operation for:  Full calendar year Less than a calendar year	
Phone Number Fax Number = = =					Fill in circle if applicable:  Amended Return			
	Co	— mpu	tation of Tax(	Vhole	Dollars O	nlv)		
	(a) March 31		(b) June 30			eptember 30	(d) December 31	
1. Total assets (From Quarterly Call Report of Condition)		00		.00		.00	.00	
2. International banking facility assets		00		.00		.00	.00	
3. Out-of-state assets		00		.00		.00	.00	
4. Net assets Line 1 minus Lines 2 and 3		00		.00		.00	.00	
5. Total net assets (Add quarterly net assets from Line 4) 5.						5.		
6. Average net assets for full-year operation If full calendar year, divide Line 5 by 4 and round up to nearest million. If less than a calendar year, skip Line 6 and complete Lines 7a through 7c.						6.	.00	
7. Average net assets for less than full-year operation a. Divide Line 5 by the number of quarters reported on Line 4					-	7a.	.,,	
b. Multiply Line 7a by the number of days in operation 7						7b.	.,,	
c. Divide Line 7b by 365 and round up to the nearest million 76					7c.			
8. Tax due Multiply Line 6 or Line 7c by .00003; tax rate is \$30 per \$1,000,000.					8.	.,,		
9. Penalty (10% for late payment; 5% per month, maximum 25%, for late filing) Multiply Line 8 by rate above if return with full payment is not filed timely.					9.	.,,		
10. Interest (See the Department's website, <a href="https://www.dornc.com">www.dornc.com</a> , for current interest rate.) Multiply Line 8 by applicable rate if return with full payment is not filed timely.					10.	.,,		
11. Total Payment Due Add Lines 8 through 10						11.	.,,	
Ciana de una			<del></del>				Deter	
Signature: I certify that, to the bes	st of my knowledge, this return is acc	curate and	d complete.				Date:	