

Return for Month Ended (MM-DD-YY) - -

Mailing Address _____

Name of County Finance Officer _____

Phone Number _____ Fax Number _____

Phone Number

Fax Number

DOR Use Only

☐ Amended Return

☐ Address has changed since prior return

► 1.

▶ 2.  20

► 3. _____00

▶ 4. _____

► 5. _____ 00

► 6. 00

► 7. _____ 00

▶ 8. _____ .00

Signature of County Finance Officer: _____ Date: _____

North Carolina Department of Revenue, PO Box 25000, Raleigh, North Carolina 27640-0110