Conveyance Tax ReturnNorth Carolina Department of Revenue

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	Return for Month Ended (MM-DD-YY) = =	/
Cou	inty (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)	Federal Employer ID Number
Mailing Address		
City	State Zip Code	NCDOR ID/Account Number
Ш Nan	ne of County Finance Officer	
Phone Number Fax Number		Fill in applicable circles: Amended Return
		Address has changed since prior return
Co	omputation of Conveyance Tax	
1.	Gross Amount of Tax Collected on Real Estate Conveyances	▶ 1.
2.	Monthly County Adjustments (Attach explanation)	▶ 2.
3.	Net Proceeds of Tax Collected Line 1 minus Line 2	▶ 3.
4.	Tax Due Before County Cost Adjustment Multiply Line 3 by 50%	▶ 4.
5.	County Cost of Collection and Administration Multiply Line 4 by 2%	▶ 5.
6.	Tax Due Line 4 minus Line 5	▶ 6.
7.	Previous Overpayment (Attach Letter of Credit Issued by the Department to Claim a Prior Month's Overpayment)	▶ 7.
8.	Total Payment Due Line 6 minus Line 7	▶ 8.
Sic	nature of County	
	ance Officer:	Date:
	I certify that, to the best of my knowledge, this return is accurate and complete.	

A county must use this form to remit the State's net share of the proceeds collected by that county's register of deeds. Returns are due by the 15th day following the end of each month.