Do Not Include This Page

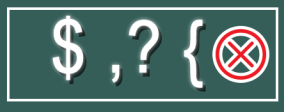
NCDOR NORTH CAROLINA DEPARTMENT OF REVENUE

Instructions for Handwritten Forms

Guidelines

Do not use red ink. Use blue or black ink.

Do not use dollar signs, commas, or other punction marks.



Printing

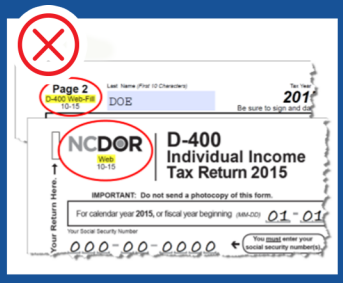
Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.

Do not select "print on both sides of paper."

Before You Send

Do not submit photocopies of returns. Submit originals only.

Do not mix form types



E-500
Web
7-26

Sales and Use Tax Return

North Carolina Department of Revenue

Legal Name *(First 24 Characters)*

Period Beginning *(MM-DD-YY)*

Street Address

Period Ending *(MM-DD-YY)*

City | **State** | **Zip Code** *(5 Digit)* | **Account ID**

1. North Carolina Gross Receipts
(Do not include tax collected)

2. Sales for Resale
(Do not include on Line 3 below)

3. Receipts Exempt From State Tax

Tax Type	Purchases for Use		Receipts	Rate	Tax
4. Gen. State Rate		+		x 4.75% =	
5. 3% State Rate		+		x 3% =	
6. Modular & Mfg. Homes		+		x 4.75% =	
7. 2% Food Rate		+		x 2% =	
8. 2% County Rate *See Instructions*		+		x 2% =	
9. 2.25% County Rate		+		x 2.25% =	
10. 0.5% Transit County Rate		+		x 0.5% =	
11. 0.25% Transit County Rate		+		x 0.25% =	
12. 1% Additional County Rate		+		x 1% =	

13. Total State and County Tax *(Add Tax From Lines 4 through 12)*

14. Excess Collections

15. Total Tax *(Add Lines 13 and 14)*

16. Penalty - State and County

17. Interest - State and County

18. Less Prepayment for This Period

19. Prepayment for Next Period

20. Less any Credit *(Attach Explanation)*

21. Total Due *(Add Lines 15 - 17 and 19, Minus Lines 18 and 20)* $

8000106014

Signature: **Date:**

I certify that, to the best of my knowledge, this return is accurate and complete.

Title: **Phone:**

MAIL TO: P.O. Box 25000, Raleigh, NC 27640-0700