



Franchise Tax Return Electric Companies

North Carolina Department of Revenue

C

Legal Name (First 30 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Address

City

State

Zip Code

Contact Person for Quarterly Distribution

Phone Number

Federal Employer ID Number

Return for Quarter Ended

Month

Year

Fill in applicable circle:

- Corporation is a first-time filer in N.C.
 Address has changed since prior quarter

Part 1. Computation of Amount Due for Quarter

1. Total gross receipts derived from the business of furnishing electricity <i>(Receipts must be reported on accrual basis)</i>	1.	<input type="text"/>	.00
2a. Gross receipts derived from sources outside of North Carolina	2a.	<input type="text"/>	.00
b. Gross receipts billed to others for resale on which the purchaser pays the franchise tax when resold	b.	<input type="text"/>	.00
c. Bad Debts	c.	<input type="text"/>	.00
d. Gross receipts included in Line 1 that are not listed in Lines 2a-2c and are not subject to franchise tax	d.	<input type="text"/>	.00
3. Taxable Receipts Line 1 minus Lines 2a - 2d	3.	<input type="text"/>	.00
4. Tax on Receipts Derived From Furnishing Electricity Multiply Line 3 by 3.22%	▶ 4.	<input type="text"/>	.00
5. Tax Credits <i>(Attach Form NC-478)</i>	▶ 5.	<input type="text"/>	.00
6. Tax Payments <i>(Include any electronic prepayments made for the quarter)</i>	▶ 6.	<input type="text"/>	.00
7. Net Tax Due Line 4 minus Lines 5 and 6	▶ 7.	<input type="text"/>	.00
8. Penalty <i>(10% for late payment; 5% per month, maximum 25%, for late filing)</i> Multiply Line 7 by applicable penalty if return with full payment is not filed timely.	▶ 8.	<input type="text"/>	.00
9. Interest <i>(See the Department's website, www.dormc.com, for current interest rate.)</i> Multiply Line 7 by applicable interest rate if return with full payment is not filed timely.	▶ 9.	<input type="text"/>	.00
10. Total Payment Due with the Return Add Lines 7 through 9	10. \$	<input type="text"/>	.00

Signature: _____ Title: _____ Date: _____
I certify that, to the best of my knowledge, this return is accurate and complete.

Signature of Preparer other than Taxpayer: _____ Preparer's FEIN, SSN, or PTIN: _____

Tax payments are due either monthly or quarterly depending on the taxpayer's tax liability. A taxpayer that is consistently liable for \$100 or less per month must pay on a quarterly basis. A taxpayer that is consistently liable for more than \$100 must pay on a monthly basis. In addition, a taxpayer who is consistently liable for at least \$10,000 a month must make a monthly prepayment of the next month's tax liability. The prepayment is due at the same time the payment for the previous month is due and must be made by electronic funds transfer. Monthly tax payments are due by the 20th day of the month following the month in which the tax accrues. Quarterly tax payments and returns are due by the last day of the month following the end of each calendar quarter. Checks or money orders must be in the form of U.S. currency from a domestic bank.

MAIL TO: North Carolina Department of Revenue, Attn: Distribution Unit, P.O. Box 871, Raleigh, North Carolina 27602

