Solid Waste Disposal Tax Return

North Carolina Department of Revenue

Period Beginning *(MM-DD-YY)* – –

Period Ending *(MM-DD-YY)* – –

Account ID

Legal Name *(First 24 Characters)* *(USE CAPITAL LETTERS)*

Street Address

City **State** **Zip Code** *(5 Digit)*

	Number of Tons	Rate	Tax
1. Municipal Solid Waste and Construction and Demolition Debris	.	x $2 =	.
2. Penalty			.
3. Interest			.
4. Total Due *(Add Lines 1, 2, and 3)*			$.

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 27640-0710

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