

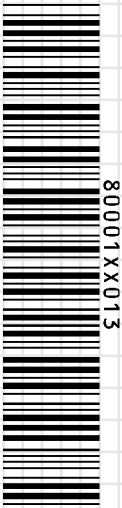
E-500 (SD)
10-1-11

Sales and Use Tax Return

North Carolina Department of Revenue

Account ID 123456789 ABCDEFGHIJ Filing Frequency ABCDEFGHI Period Ending 12 45 78
ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLM File By 12 45 78
ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLM ABCDEFGHIJKLMNOPQRST AB 12345

- 1. North Carolina Gross Receipts (Do not include tax collected) 1. 123456789.12
- 2. Sales for Resale (Do not include on Line 3 below) 2. 123456789.12
- 3. Receipts Exempt From State Tax 3. 123456789.12



	Tax Type	Purchases for Use	Receipts	Rate	Tax
4.	Gen. State Rate	12345678.01	123456789.12	x 4.75%	12345678.01
5.	3% State Rate	12345678.01	123456789.12	x 3%	12345678.01
6.	2.5% State Rate Modular Homes	12345678.01	123456789.12	x 2.5%	12345678.01
7.	2% State Rate	12345678.01	123456789.12	x 2%	12345678.01
8.	2% Food Rate	12345678.01	123456789.12	x 2%	12345678.01
9.	2% County Rate See Instructions	12345678.01	123456789.12	x 2%	12345678.01
10.	2.25% County Rate	12345678.01	123456789.12	x 2.25%	12345678.01
11.	0.5% Transit County Rate	12345678.01	123456789.12	x 0.5%	12345678.01
12.	0.25% Transit County Rate	12345678.01	123456789.12	x 0.25%	12345678.01
13.	Total State and County Tax (Add Tax From Lines 4 through 12)			13.	12345678.01
14.	Excess Collections			14.	12345678.01
15.	Total Tax (Add Lines 13 and 14)			15.	12345678.01
16.	Penalty - State and County			16.	12345678.01
17.	Interest - State and County			17.	12345678.01
18.	Less Prepayment for This Period			18.	12345678.01
19.	Prepayment for Next Period			19.	12345678.01
20.	Less any Credit (Attach explanation)			20.	12345678.01
21.	Total Due (Add Lines 15 - 17 and 19, Minus Lines 18 and 20)			21.	12345678.01

I certify that, to the best of my knowledge, this return is accurate and complete. Mail To: PO Box 25000, Raleigh, NC 27640-0700

Signature: _____

Date: _____

Title: _____

Phone: () _____