

Bank Privilege Tax Return

North Carolina Department of Revenue

Return for Calendar Year (YYYY) _____

DOR Use Only
_____/_____/____

Legal Name (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Trade Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Name of Contact Person _____

Phone Number _____ Fax Number _____

Federal Employer ID Number

NCDOR ID/Account Number

Bank has been in operation for:
 Full calendar year
 Less than a calendar year

Fill in circle if applicable:
 Amended Return

Computation of Tax (Whole Dollars Only)

	March 31	June 30	September 30	December 31
1. Total assets <i>(From Quarterly Call Report of Condition)</i>	_____ .00	_____ .00	_____ .00	_____ .00
2. International banking facility assets	_____ .00	_____ .00	_____ .00	_____ .00
3. Out-of-state assets	_____ .00	_____ .00	_____ .00	_____ .00
4. Net assets Line 1 minus Lines 2 and 3	_____ .00	_____ .00	_____ .00	_____ .00
5. Total net assets <i>(Add quarterly net assets from Line 4)</i>				5. _____ .00
6. Average net assets for full-year operation If full calendar year, divide Line 5 by 4 and round up to nearest million. If less than a calendar year, skip Line 6 and complete Lines 7a through 7c.				6. _____ .00
7. Average net assets for less than full-year operation				
a. Divide Line 5 by the number of quarters reported on Line 4				7a. _____ .00
b. Multiply Line 7a by the number of days in operation				7b. _____ .00
c. Divide Line 7b by 365 and round up to the nearest million				7c. _____ .00
8. Tax due Multiply Line 6 or Line 7c by .00003; tax rate is \$30 per \$1,000,000.				8. _____ .00
9. Penalty <i>(10% for late payment; 5% per month, maximum 25%, for late filing)</i> Multiply Line 8 by rate above if return with full payment is not filed timely.				9. _____ .00
10. Interest <i>(See the Department's website, www.dornrc.com, for current interest rate.)</i> Multiply Line 8 by applicable rate if return with full payment is not filed timely.				10. _____ .00
11. Total Payment Due Add Lines 8 through 10				11. _____ .00

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

Returns are due by July 1st annually. Your check or money order must be in the form of U.S. currency from a domestic bank.
North Carolina Department of Revenue, PO Box 25000, Raleigh, North Carolina 27640-0110