

Franchise Tax Return Water and Sewer Companies

North Carolina Department of Revenue



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

Address _____

Address _____

City _____ State _____ Zip Code _____

Name of Contact Person _____ Phone Number _____

Federal Employer ID Number

▶ _____ - _____

Return for Quarter Ended

Month _____ Year _____

▶ _____ - _____

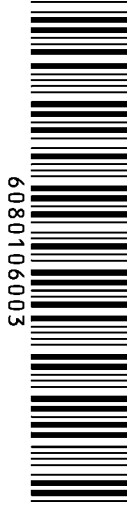
Fill in all applicable circles:

Corporation is a first-time filer in N.C.

Payment has been made through electronic funds transfer (EFT)

Address has changed since prior quarter

North Carolina Utilities Commission Docket Number W - _____



Computation of Amount Due for Quarter

	Amount		Rate		Tax
1. Gross receipts from owning or operating a Water System ▶	_____ .00	x	4%	=	_____ .00
2. Gross receipts from owning or operating a Public Sewer System ▶ 2.	_____ .00	x	6%	=	_____ .00
3. Tax Due Add Lines 1 and 2				▶ 3.	_____ .00
4. Tax Credits (Attach NC-478)				▶ 4.	_____ .00
5. Balance of Tax Due Line 3 minus Line 4				▶ 5.	_____ .00
6. Interest (Click here for current interest rate.) Multiply Line 5 by applicable rate if return with full payment is not filed timely.				6.	_____ .00
7. Penalty (10% for late payment; 5% per month, maximum 25%, for late filing) Multiply Line 5 by rate above if return with full payment is not filed timely.				7.	_____ .00
8. Total Due Add Lines 5 through 7				8. \$	_____ .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: _____

Quarterly returns are due by the last day of the month following the end of each calendar quarter.