

Conveyance Tax Return

North Carolina Department of Revenue



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|--------------------------------|----------------------|----------------------|---|
| County | | | Return for Month of <input type="text"/> (MM-YY) |
| <input type="text"/> | | | |
| Street Address | | | Fill in applicable circles: <input type="radio"/> Payment has been made through electronic funds transfer (EFT) <input type="radio"/> Address has changed since prior return |
| <input type="text"/> | | | |
| Mailing Address (If Different) | | | |
| <input type="text"/> | | | |
| City | State | Zip Code | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Name of County Finance Officer | | Phone Number | |
| <input type="text"/> | | <input type="text"/> | |

Computation of Conveyance Tax

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|--|----------------------------|
| 1. Gross Amount of Tax Collected on Real Estate Conveyances | 1. <input type="text"/> |
| 2. Monthly County Adjustments (Attach explanation) | 2. <input type="text"/> |
| 3. Net Proceeds of Tax Collected Line 1 minus Line 2 | 3. <input type="text"/> |
| 4. Tax Due Before County Cost Adjustment Multiply Line 3 by 50% | 4. <input type="text"/> |
| 5. County Cost of Collection and Administration Multiply Line 4 by 2% | 5. <input type="text"/> |
| 6. Tax Due Line 4 minus Line 5 | 6. <input type="text"/> |
| 7. Previous Overpayment (Attach Letter of Credit Issued by the Department to Claim a Prior Month's Overpayment) | 7. <input type="text"/> |
| 8. Total Due Line 6 minus Line 7 | 8. \$ <input type="text"/> |

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

A county must use this form to remit the State's net share of the proceeds collected by that county's register of deeds. Returns are due by the 15th day following the end of each month.