

Gross Receipts/Rentals Tax Report for Craven County

Report for Month/Yr _____ To be filed by the 20th of each month Account Number _____

Owner	Business Location	Business Name & Mailing Address

Sales

1. Gross Retail Receipts of Applicable Vehicles (Excluding Taxes)		\$ _____
2. N.C. County Gross Receipts Tax	Multiply line 1 by rate of 1.5 %	\$ _____
3. If inside City Limits of _____	Multiply line 1 by rate of 1.5%	\$ _____
4. Total Rental Vehicle Tax Due	Add lines 2 & 3	\$ _____
5. Add penalty if filed after due date	20th of each month	\$ _____
6. Total Due	Add lines 4 & 5	\$ _____
7. Additional Balance Owing or (Credit) Due		\$ _____
8. Total Remitted		\$ _____

CERTIFICATION:

This is to certify that this report is to the best of my knowledge and belief a true and complete report for the month indicated.

Date	Signature
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Return to CRAVEN COUNTY TAX COLLECTOR 226 POLLOCK ST NEW BERN, NC 28560 OR PO BOX 1128 NEW BERN, NC 28563

FOR OFFICE USE ONLY