

Publishers of Newsprint Publications 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 _____

FEIN or SSN

NCDOR ID/Account Number

Fill in applicable circle:
 Amended Return

Part 1. Computation of Newsprint Publications Privilege Tax

- 1. **Virgin Newsprint Consumed (In tons)** ▶ 1. _____
- 2. **Nonvirgin Newsprint Consumed (In tons)** ▶ 2. _____
- 3. **All Newsprint Consumed (In tons)**
Add Line 1 and Line 2 3. _____
- 4. **Total Recycled Content of Nonvirgin Newsprint Consumed (In tons)**
(From Part 2, Column 3, Total) ▶ 4. _____
- 5. **Recycled Content Percentage of All Newsprint Consumed**
Divide Line 4 by Line 3 5. _____ %
- 6. **Recycled Content of All Newsprint Consumed (In tons)**
Multiply Line 3 by Line 5 6. _____
- 7. **Required Minimum Recycled Content (In tons)**
Multiply Line 3 by 40% 7. _____
- 8. **Recycled Content Below Required Minimum (In tons)**
Line 7 minus Line 6, but not less than zero; if less than zero, enter zero 8. _____
- 9. **Exempt Amount of Virgin Newsprint Consumed (In tons)**
(From Part 3A, Line 4) ▶ 9. _____
- 10. **Newsprint and Magazines Recycled or Diverted for Recycling (In tons)** ▶ 10. _____
- 11. **Adjustments to Recycled Content Below Required Minimum (In tons)**
Add Line 9 and Line 10 11. _____
- 12. **Recycled Content Below Required Minimum on Which Tax is Due (In tons)**
Line 8 minus Line 11, but not less than zero; if less than zero, enter zero 12. _____
- 13. **Tax Due**
Multiply Line 12 by \$15.00 ▶ 13. _____ .00
- 14. **Penalty (10% for late payment; 5% per month, maximum 25%, for late filing)**
Multiply Line 13 by rate above if return with full payment is not filed timely. ▶ 14. _____ .00
- 15. **Interest (See the Department's website, www.dornc.com, for current interest rate.)**
Multiply Line 13 by applicable rate if return with full payment is not filed timely. ▶ 15. _____ .00
- 16. **Total Payment Due**
Add Lines 13 through 15 ▶ 16. _____ .00

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

Returns are due by January 31 annually.
North Carolina Department of Revenue, PO Box 25000, Raleigh, North Carolina 27640-0110

