

Franchise Tax Return Water and Sewer Companies

North Carolina Department of Revenue

Application for Period	Beginning (MM-DD-YY) _____	Ending (MM-DD-YY) _____
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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

State of Domicile

Phone Number

Fax Number

FEIN/SSN _____

Fill in applicable circles:

- Amended Return
- Corporation is a first-time filer in N.C.
- Address has changes since prior quarter

North Carolina Utilities Commission Docket Number	W - _____
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Computation of Amount Due for Quarter

	Amount		Rate		Tax
1. Gross receipts from owning or operating a Water System	1. _____ .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 (See the Department's website, www.dornrc.com , 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.

Quarterly returns are due by the last day of the month following the end of each calendar quarter. Your check or money order must be in the form of U.S. currency from a domestic bank.