

# Instructions for Web Fill-In Forms

## Getting Started

Save the PDF to your computer



Use the latest version of Adobe Acrobat Reader to complete the form



## Guidelines

Do not handwrite any information



Do not use commas when entering amounts

1. 99,999.00

1. 99999.00

Do not use brackets for negative numbers

Use a minus sign to show the amount is negative

1. [99999.00]

1. -99999.00

## Printing

Use the print icon on the form to ensure you have completed all required fields



Before printing, select "actual size"

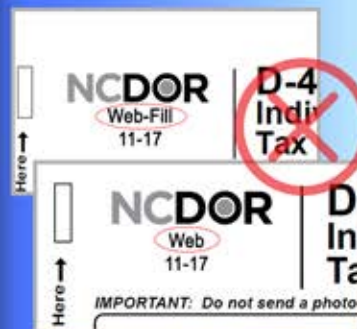


Do not print on both sides of the paper



## Before Mailing

Do not mix form types



Do not submit photocopies of returns

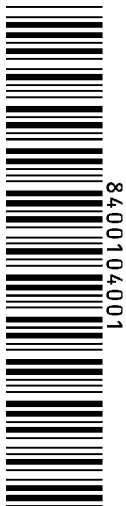
Submit originals only



# 911 Service Charge Prepaid Wireless Telecommunications Return

North Carolina Department of Revenue

|                                         |              |                                    |                       |
|-----------------------------------------|--------------|------------------------------------|-----------------------|
| <b>Legal Name</b> (First 24 Characters) |              |                                    |                       |
| <b>Trade Name</b>                       |              | <b>Period Beginning</b> (MM-DD-YY) |                       |
| <b>Address</b>                          |              | <b>Period Ending</b> (MM-DD-YY)    |                       |
| <b>City</b>                             | <b>State</b> | <b>Zip Code</b> (5 Digit)          | <b>911 Account ID</b> |



|                                                                                                                   | Rate |        | 911 Service Charge |
|-------------------------------------------------------------------------------------------------------------------|------|--------|--------------------|
| <b>1. Number of Retail Transactions</b>                                                                           | x    | \$0.65 | =                  |
| <b>2. Administrative Allowance</b><br><i>(Multiply 911 Service Charge on Line 1 by 0.05)</i>                      |      |        |                    |
| <b>3. 911 Service Charge Net of Administrative Allowance</b><br><i>(Line 1 minus Line 2)</i>                      |      |        |                    |
| <b>4. 911 Service Charge Initial Allowance</b><br><i>(See instructions - for first three months of allowance)</i> |      |        |                    |
| <b>5. Total 911 Service Charge Due on Retail Transactions</b><br><i>(Line 3 minus Line 4)</i>                     |      |        |                    |
| <b>6. Penalty</b>                                                                                                 |      |        |                    |
| <b>7. Interest</b>                                                                                                |      |        |                    |
| <b>8. Total Due</b><br><i>(Add Lines 5, 6 and 7)</i>                                                              |      |        | \$                 |

|                                                                                    |                     |
|------------------------------------------------------------------------------------|---------------------|
| <b>Signature:</b> _____                                                            | <b>Date:</b> _____  |
| I certify that, to the best of my knowledge, this return is accurate and complete. |                     |
| <b>Title:</b> _____                                                                | <b>Phone:</b> _____ |
| <b>MAIL TO:</b> P.O. Box 25000, Raleigh, NC 27640-0700                             |                     |