



**CARTERET COUNTY, NC (2601)  
Occupancy Tax**

**Online Filing: COMING SOON!**

Toll-Free Phone: (800) 556-7274 • Email: [rdssupport@avenuinsights.com](mailto:rdssupport@avenuinsights.com) • Online Filing: COMING SOON!  
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Account Number: txpid

BUSINESS NAME  
ADDRESS 1  
ADDRESS 2  
CITY, STATE ZIP

This space is for changes which have occurred since the last submitted report. If the property has been sold, indicate the new owner's name, mailing address and date of sale.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If remitting for a month that has zero gross receipts for please do not report.**

**Instructions:** Select the applicable filing period and complete the information below for your Occupancy Tax. If payment is mailed, the envelope must be postmarked on or before the due date for the applicable filing period to avoid additional penalties. If you are filing for more than one filing period, please complete a separate return for each period.

January  February  March  April  May  June  July  August  September  October  November  December YEAR: 20\_\_\_\_

**REPORT TO BE RECEIVED, OR U.S. POSTMARKED BY THE 20TH OF THE MONTH FOR THE PRECEDING MONTH'S TAXES.**

If no longer in business, furnish the date business ceased to operate: \_\_\_\_\_

Number of Hotel/Motel rooms and Condo/Cottage units available to rent on 1<sup>st</sup> day of the month: \_\_\_\_\_

HOTEL  MOTEL  COTTAGE  CONDO  OTHER

- |  |   |
|--|---|
| 1. Total Gross Receipts:                           | 1. \$ _____<br><i>(Internal Code 30-11)</i> |
| 2. Occupancy Tax (Line 1 x 6%):                    | 2. \$ _____                                 |
| 3. Late Filing Penalty (After 20th, Line 2 x 5%):  | 3. \$ _____                                 |
| 4. Late Paying Penalty (After 20th, Line 2 x 10%): | 4. \$ _____                                 |
| <b>5. TOTAL REMITTED (SUM LINES 2,3, AND 4):</b>   | <b>5. \$ _____</b>                          |

**CERTIFICATE OF TAXPAYER:**

This is to certify that this report, including all attachments, has been examined by me, and it, to the best of my knowledge and belief, is a true complete report made in good faith covering the month indicated above and that same is in accordance with the books and records of the reporting taxpayer.

\_\_\_\_\_  
Signature of Owner/Authorized Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email Address Phone Number Date Signed