NCDOR
Web-Fill
7-16

E-500F
Motor Vehicle and Lease Rental Tax Return

Legal Name *(First 24 Characters)*	Period Beginning *(MM-DD-YY)*
Street Address	**Period Ending** *(MM-DD-YY)*

City	State	Zip Code *(5 Digit)*	Account ID

8070104001
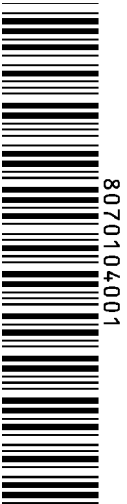
	Receipts	Rate	Tax
1. Long-term Leases		x (3%) =	
2. Short-term Leases		x (8%) =	
3. **Total Tax** *(Add Lines 1 and 2)*			
4. Penalty			
5. Interest			
6. **Total Due** *(Add Lines 3, 4, and 5)*			$

Signature: _____   **Date:** _____

I certify that, to the best of my knowledge, this return is accurate and complete.

Title: _____   **Phone:** _____

MAIL TO: N.C. Department of Revenue, P.O. Box 25000, Raleigh, NC 27640-0710