



Print or type in black ink. No erasures, strikeouts or whiteouts permitted. Do not staple pages.

**Section A. Provide the County Information.**

Contact Name			Position Title	
Mailing Address			Email Address	
City	State	Zip Code	County Name	Phone

**Section B. Complete the Report Information.**

This report is required in accordance with the provisions of Article 3, Chapter 161 of the North Carolina General Statutes to provide funding for the Registers of Deeds' Supplemental Pension Fund. Please list below the total all monthly receipts collected for recording fees, marriage licenses and other fees except the excise tax and the fee for the use of the automated state vital records system, in accordance with Article 1, Chapter 161 of the NCGS.

**Report of Monthly Receipts:** Attach a report of all monthly receipts collected, broken out by fee type (e.g., total marriage fees).

Date (Month/Year)	Receipts (\$)	Rate	Remittance Due (\$)
		1.5%	

**Section C. Certify with your signature.**

By signing below, I hereby certify the accuracy of information and amounts provided.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit this form with your remittance on or before the 5th day of each calendar month for the previous month's receipts. Make checks payable to the Registers of Deeds' Supplemental Pension Fund.**

**Submit the completed form with supporting documentation by mail or email.**