



TAX REPORT

Food and Beverage

Financial Services Department

105 E. Corbin St., PO Box 429, Hillsborough, NC 27278

919-296-9450

CustomerService@hillsboroughnc.gov

www.hillsboroughnc.gov

I hereby agree to conform to all applicable laws and regulations of the Town of Hillsborough, County of Orange, and State of North Carolina (as may be applicable to my request) and certify that the below information is true and accurate to the best of my knowledge.

Report for sales occurring in month/year: _____

Please note: Report and payment are due on the 25th day of the month that follows when sales occurred.

Legal name of business: _____

Doing business as: _____

A. Operator of Business (print responsible individual's name): _____

Mailing Address: _____

Property Location: _____

B. If no sales during this month, please check:

If you have permanently closed in Hillsborough, enter the closure date: _____

C. Signature: _____

Print name: _____

Title: _____

Phone number: _____ Email: _____

D. 12-digit state tax number: _____

Check business type: Bakery Candy Caterer Concession Convenience Deli
 Ice Cream/Yogurt Lounge/Tavern Restaurant

E. Gross sales: _____

Non-taxable sales: _____

Net taxable sales: _____

Total tax (multiply net taxable sales by 0.01, or 1%): _____

Penalty, if applicable (please call if filing late): _____

F. Total due (total tax + penalty): _____