

REAL ESTATE EXCISE TAX STATEMENT OF TAXES COLLECTED

County _____

Report Starting Mth/Day/Yr _____

Beginning Affidavit No. _____

Beginning Affidavit No. _____

Beginning Affidavit No. _____

Beginning Affidavit No. _____

Beginning Affidavit No. _____

Total No. of Affidavits _____
(Including Mobile Homes)

Report Ending Mth/Day/Yr _____

Ending Affidavit No. _____

Ending Affidavit No. _____

Ending Affidavit No. _____

Ending Affidavit No. _____

Ending Affidavit No. _____

Total No. of Mobile Home Affidavits _____

1. Total State & Local Tax Collected (Do not subtract tax refunded) (Do not include: Refunds made, tax collected on mobile homes, and penalties and interest)		\$	
2. Total State and Local Tax on Mobile Homes		\$	
3. Total of Lines 1 and 2	=	\$	
4. Refunds During Month		\$	
5. Local Tax Collected (County/City)			
5a. Capital Projects		\$	
5b. Conservancy Land Acquisition & Maintenance		\$	
5c. Affordable Housing		\$	
6. Less Lines 4, 5a, 5b and 5c	-	\$	
7. Net State Tax Collected (Line 3 less line 6)	=	\$	
8. Less Administrative Fee (1.3% from State Tax only, line 7)	-	\$	
9. Total Tax Being Remitted (Line 7 less line 8)	=	\$	
10. Add total Delinquent Penalty collected	+	\$	
11. Add total State Delinquent Interest collected	+	\$	
12. Add total \$5.00 State Technology Fee collected	+	\$	
12a. Less 1/2 of line 12 (retained by county for deposit to the special real estate and property tax administration assistance account)	-	\$	
13. Total to be returned to State Treasurer * (Add lines 9, 10, 11, 12, less 12a)		\$	

* If this item does not agree with the amount deposited with the State Treasurer's Office on the monthly Cash Receipts Journal Summary (State Form A8), list all adjustments which caused the difference below with explanation.

Adjustments:

Date _____	Reason _____	(+)		=	
Date _____	Reason _____	(-)		=	

14. Total Amount Remitted to the State Treasurer (Less adjustments)

\$

List voided affidavit numbers: _____
or list a missing series: _____ to _____

Signature _____ Telephone _____ Date _____

Distribution: Original – Department of Revenue, attached to Affidavit Batch
Copy – State Treasurer's Office, attached to monthly Cash Receipts Journal Summary
Copy – Retained by County Treasurer