North Carolina
Total Retirement Plans

Form **11S**

Monthly Remittance of Fees for the Registers of Deeds' Supplemental Pension Fund

Please print or type in black ink.

Section A. Please provide the County information.

COUNTY NAME		CONTACT NAME	
POSITION TITLE		E-MAIL ADDRESS	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NO.

Section B. Please 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: Please 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. Please certify with your signature.

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

Contact Signature_____ **Date** _____

Section D. Submitting this form.

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

You may mail this form to the address below.

Thank you.

N.C. Department of State Treasurer, Retirement Systems Division
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