

**AUTOMOBILE REGISTRATION
EXCISE TAX REIMBURSEMENT**

CAROLINA CONFERENCE OF SDA

*P. O. Box 560339
Charlotte N.C. 28256-0339
704-596-3200 Phone ~ Fax 704-887-5750*

Employee Name _____ Date: _____

Church/School _____

Employee Moving Allowance (NAD X 23 05:90)

- (4) “Automobile Registration and Excise Tax - Employees who are called to another state and who are required to pay duplicate excise tax/sales tax, license, and inspection fees may report such expense on one car if they register their car within 90 days of moving to the new area. If the employee has a spouse, the above expenses may also be reported on a second car.”

Below are my expenses incurred on the above information:
(Attach original receipts)

License	\$ _____
License Sales Tax	\$ _____
Inspection	\$ _____
Drivers License	\$ _____
TOTAL AMOUNT DUE:	\$ _____

Employee Signature _____

Date _____

Please Note: This reimbursement will be reported as taxable income.

Office Use Only	
Approval _____	Date _____

PLEASE SEND RECEIPTS