



THIRD QUARTER TAXES

(OCT, NOV, DEC)

PLEASE READ INSTRUCTIONS

INSTRUCTIONS FOR THE UNITED SUPREME COUNCIL QUARTERLY TAXES

- PAGE 1:** **TITLE PAGE** - List names of first-line Officers of the Consistory, Rose Croix Chapter, and Lodge a Perfection. Include addresses and zip codes for the Commander-in-Chief, Most Wise and Perfect Master, Thrice Potent Master, and Secretary.
- PAGE 2:** **COMPUTATION SHEET** - This sheet is self-calculating when data is entered. When completed, it will reflect the numerical changes in membership based on the increases from Initiations, Reinstatements, and Admissions (Pages 3, 4, and 5) and decreases from Suspensions, Expulsions, Members Demitted, and Deceased Members (Pages 6, 7, 8, and 9).
- **Line 1** of the computation sheet; use the beginning **3rd Quarter** membership count.
 - **Lines 10, 11, & 12** of the computation sheet must agree with **Line 3** (computation sheet) and the total number of names in these categories listed on preceding pages.
 - **Line 13** lists the **total number** of members from **Line 9**
- PAGE 3:** **INITIATION LISTING** - List Initiation date, Name, and Address of members initiated during 3rd Quarter (OCT, NOV, DEC). List members in alphabetical order using Last Name. In the event of death of a new member, do not remove the name from class list. However, ensure deceased member's name is listed on Members Deceased page.
- **DO NOT use the term advancement.**
- Ensure initiation fees are included with taxes.**
- PAGE 4:** **MEMBERS REINSTATED** – Date Reinstated, Member ID No., Name, and Address of members reinstated during the 3rd Quarter (OCT, NOV, DEC).
- PAGE 5:** **MEMBERS ADMITTED BY DEMIT** - List Name, Date of Admission, Address, and losing Consistory of members Admitted by Demit during the 3rd Quarter (OCT, NOV, DEC).
- ** Do not use the terms demitted in or admitted in.**
- ** ADMITTED** – Permitted to enter a Consistory with a demit from a previous Consistory.
- Include a copy of demit for each admitted member.**

INSTRUCTIONS FOR THE UNITED SUPREME COUNCIL QUARTERLY TAXES (CONTINUED)

- PAGE 6: MEMBERS SUSPENDED** - List Member ID Number, Name, and Date of Suspension of members suspended during 3rd Quarter (OCT, NOV, DEC).
- PAGE 7: MEMBERS EXPELLED** - List Member ID Number, Name, and Date of Suspension of members suspended during 3rd Quarter (OCT, NOV, DEC).
- PAGE 8: MEMBERS DEMITTED** - List Member ID Number, Name, and Date of Demission of members demitted during 3rd Quarter (OCT, NOV, DEC).
- ** Do not use the term demitted out.**
- ** DEMITTED** – Permitted to leave current Consistory be admitted to another Consistory.
- PAGE 9: DECEASED MEMBERS** - List Member ID Number, Name, and Date of Death of deceased members during 3rd Quarter (OCT, NOV, DEC).
- PAGE 10: CHANGE OF ADDRESS** - List Member ID Number, Name, and new address of members that reported a change of address during 3rd Quarter (OCT, NOV, DEC).
- Provide complete address and zip code – No Abbreviations.**

**THIS DOCUMENT IS THE ONLY QUARTERLY TAX FORM THAT WILL BE
ACCEPTED BY THE UNITED SUPREME COUNCIL**

**YOU MUST ADHERE TO THE UNITED SUPREME
COUNCIL'S FORMAT**

**PLEASE DO NOT INCLUDE FUNDS
FOR SUPPLIES WITH YOUR TAXES**

The United Supreme Council

Ancient and Accepted Scottish Rite of Freemasonry, Prince Hall Affiliation,
Northern Jurisdiction, U.S.A., Inc.

For Official Use Only

THIRD QUARTER TAXES (OCT, NOV, DEC)

FOR THE QUARTER ENDING DEC 31st, _____ DATE: _____

_____ CONSISTORY NO. _____
VALLEY OF _____ ORIENT OF _____

CONSISTORY OFFICERS

ILLUSTRIOUS COMMANDER-IN-CHIEF: _____
ILLUSTRIOUS FIRST LIEUTENANT: _____
ILLUSTRIOUS SECOND LIEUTENANT: _____

ADDRESS: _____
Illustrious Commander-in-Chief's Address: Street, City, State, and Zip Code

ADDRESS: _____
Secretary's Address: Street, City, State, and Zip Code

ROSE CROIX CHAPTER OFFICERS

_____ ROSE CROIX CHAPTER NO. _____

MOST WISE AND PERFECT MASTER: _____
PERFECT KNIGHT SENIOR WARDEN: _____
PERFECT KNIGHT JUNIOR WARDEN: _____

ADDRESS: _____
Most Wise and Perfect Master's Address: Street, City, State, and Zip Code

LODGE OF PERFECTION OFFICERS

_____ LODGE OF PERFECTION NO. _____

THRICE POTENT MASTER: _____
HIRAM OF TYRE, DEPUTY MASTER: _____
VENERABLE SENIOR WARDEN: _____
VENERABLE JUNIOR WARDEN: _____
ILLUSTRIOUS TREASURER: _____
ILLUSTRIOUS SECRETARY: _____

ADDRESS: _____
Thrice Potent Master's Address: Street, City, State, and Zip Code

THIRD QUARTER TAXES (OCT, NOV, DEC)

ORIENT OF: _____

CONSTORY NAME: _____ NO. _____, VALLEY OF _____

COMPUTATION: NUMBER OF MEMBERS ON ROLL AS OF

1. Number reported last quarter ending SEP 30th, _____
2. Number added to Roll from OCT 1st, _____ through DEC 31st, _____
3. **INITIATED:** _____ **REINSTATED:** _____ **ADMITTED BY DEMIT:** _____
4. **TOTAL** (SUM of Line 1 and Line 3) _____
5. Number dropped from Roll from OCT 1st, _____ through DEC 31st, _____
6. **SUSPENDED:** _____ **DEMITTED:** _____ **EXPELLED:** _____ **DECEASED:** _____
7. Number of members on Roll on DEC 31st _____ (Subtract Line 6 from Line 4)
8. Deduct number of members exempted from **Tax by Vote of Supreme Council** _____
9. **NUMBER OF MEMBERS FOR WHOM TAX IS PAYABLE:** _____

AMOUNT DUE THE UNITED SUPREME COUNCIL

10. Number Initiated into Consistory: _____ x **\$30.00** (Initiation Fee) = _____
11. Number of Members Reinstated in Consistory: _____ x **\$20.00** = _____ **WAIVED**
12. Number of Members Admitted by Demit: _____
13. For Tax as of DEC 31st, _____. _____ (Members on Roll) x **\$10.00** = _____
14. (Number of Members on Roll on Line 9) _____
15. **TOTAL DUE FOR QUARTER ENDING DEC 31st**, _____. (Sum of Lines 10, 11, and 13) _____
16. **ADD:** Balance due on old account unpaid and LATE FEE (\$100.00) _____
17. **OR**
18. **DEDUCT** Credit due on old account overpaid _____
19. **Balance due as of DEC 31st**, _____. _____
20. **Amount sent with this Return (Certified Check or Money Order)** _____
21. **Balance due or (Overpaid)** _____

Dated at _____ this _____ day of _____, 20____.

Make Check Payable To: **UNITED SUPREME COUNCIL**

Mail remittance and original Return to:

OFFICE OF THE SECRETARY GENERAL
Scottish Rite Cathedral
1514 Fitzwater Street
Philadelphia, PA 19146

Send copy to DEPUTY OF YOUR STATE

FOR OFFICE USE ONLY		
RECEIPT NO.	DATE	AMOUNT

Signature: Commander-in-Chief

Street Address

City, State and Zip Code

Signature: Secretary

Street Address

City, State and Zip Code

**THIRD QUARTER TAXES
(OCT, NOV, DEC)**

DATE: _____

INITIATION LISTING

_____ CONSISTORY NO. _____

ENTER TOTAL INITIATED: _____

(List Initiation Date, Name, and Address)

	Initiation Date	Name	Street Address City, State, and Zip Code
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
11.			
12.			
13.			
14.			
15.			

THIRD QUARTER TAXES (OCT, NOV, DEC)

DATE: _____

MEMBERS REINSTATED

_____ CONSISTORY NO. _____

ENTER TOTAL REINSTATED: _____

(Date Reinstated, Member ID No., Name, and Address)

	Date Reinstated	Member ID No.	Name	Street Address City, State, and Zip Code
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
11.				
12.				
13.				
14.				
15.				

**THIRD QUARTER TAXES
(OCT, NOV, DEC)**

DATE: _____

MEMBERS ADMITTED BY DEMIT

_____ **CONSISTORY NO.** _____

ENTER TOTAL ADMITTED BY DEMIT: _____

(List Name, Date of Admission, Address, and Name of Losing Consistory)

Name: _____ **Date of Admission:** _____

Address: _____

Losing Consistory: _____ **Consistory No.** _____

Name: _____ **Date of Admission:** _____

Address: _____

Losing Consistory: _____ **Consistory No.** _____

Name: _____ **Date of Admission:** _____

Address: _____

Losing Consistory: _____ **Consistory No.** _____

Name: _____ **Date of Admission:** _____

Address: _____

Losing Consistory: _____ **Consistory No.** _____

Name: _____ **Date of Admission:** _____

Address: _____

Losing Consistory: _____ **Consistory No.** _____

**THIRD QUARTER TAXES
(OCT, NOV, DEC)**

DATE: _____

MEMBERS SUSPENDED

_____ CONSISTORY NO. _____

ENTER TOTAL SUSPENDED: _____

(List Member ID No., Name, and Date of Suspension)

	Member ID No.	Name	Date of Suspension
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

**THIRD QUARTER TAXES
(OCT, NOV, DEC)**

DATE: _____

MEMBERS EXPELLED

_____ CONSISTORY NO. _____

ENTER TOTAL EXPELLED: _____

(List Member ID No., Name, and Date of Expulsion)

	Member ID No.	Name	Date of Expulsion
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

**THIRD QUARTER TAXES
(OCT, NOV, DEC)**

DATE: _____

MEMBERS DEMITTED

_____ CONSISTORY NO. _____

ENTER TOTAL DEMITTED: _____

(List Member ID No., Name, and Date of Demission)

	Member ID No.	Name	Date of Demission
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

**THIRD QUARTER TAXES
(OCT, NOV, DEC)**

DATE: _____

DECEASED MEMBERS

_____ CONSISTORY NO. _____

ENTER TOTAL DECEASED: _____

(List Member ID No., Name, and Date of Death)

	Member ID No.	Name	Date of Death
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

**THIRD QUARTER TAXES
(OCT, NOV, DEC)**

DATE: _____

CHANGE OF ADDRESS

_____ **CONSISTORY NO.** _____

(List Name, Member ID No., and New Address)

Name: _____ **Member ID No.** _____

New Address: _____

Name: _____ **Member ID No.** _____

New Address: _____

Name: _____ **Member ID No.** _____

New Address: _____

Name: _____ **Member ID No.** _____

New Address: _____

Name: _____ **Member ID No.** _____

New Address: _____

Name: _____ **Member ID No.** _____

New Address: _____

Name: _____ **Member ID No.** _____

New Address: _____
