

NC-BR (SD)

9-3-19

Business Registration Application for  
Income Tax Withholding, Sales and Use Tax, and  
Other Taxes and Service Charge  
North Carolina Department of Revenue

Office Use

I. Identifying Information

1. Federal Employer ID No.: 123456789 or Proprietor's Social Security No.: 123456789
2. Type of Ownership: ☐ Proprietorship ☐ Corporation ☐ LLC ☐ Partnership ☐ LLP ☐ Fiduciary ☐ Other (Identify) ABCDEFG  
If a corporation, state of incorporation: XX If Corporation or LLC, enter N.C. Secretary of State ID No., if applicable: 123456789
3. Legal Business or Owner's Name: ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNPOQRSTUVWXYZAB
4. Trade Name (DBA Name): ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNPOQRSTUVWXYZABCEDEF
5. Daytime Business Phone: 1234567890 6. Fax Phone: 1234567890
7. Email Address: ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNPOQRSTUVWXYZABCDEFGHIJKL
8. Business Location in N.C.: Street: ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHI County: ABCDEFGHIJKL  
(Not P.O. Box Number) City: ABCDEFGHIJKLMNOPQRST State: AB Zip Code: 12345
9. Is the business located within city or town limits? ☐ Yes ☐ No 10. Number of NC Locations: 12
11. Mailing Address: Street or P.O. Box: ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHI  
City: ABCDEFGHIJKLMNOPQRST State: AB Zip Code: 12345
12. List responsible persons (President, Treasurer, Chief Financial Officer, Manager, Primary Partners, other officers, etc.):

Name	Title	Social Security No.	Address
ABCDEFGHIJKLMN	ABCDEFGHIJKL	123456789	ABCDEFGHIJKLMNPOQRSTUVWXYZA
ABCDEFGHIJKLMN	ABCDEFGHIJKL	123456789	ABCDEFGHIJKLMNPOQRSTUVWXYZA
ABCDEFGHIJKLMN	ABCDEFGHIJKL	123456789	ABCDEFGHIJKLMNPOQRSTUVWXYZA
ABCDEFGHIJKLMN	ABCDEFGHIJKL	123456789	ABCDEFGHIJKLMNPOQRSTUVWXYZA

II. Withholding Tax Section - Complete to apply for an Income Tax Withholding Number.

- Do you have employees who are subject to N.C. withholding? ☐ Yes ☐ No -Date when wages were or will first be paid in N.C.: 12 45 78
- Do you make pension payments to N.C. residents? ☐ Yes ☐ No (You are required to file a return beginning with the month or quarter you indicate.)  
If yes, do you choose to report the pension payment withholding separately? ☐ Yes ☐ No
- Do you pay compensation (other than wages to employees) to a nonresident entity or a nonresident individual for personal services performed in N.C.? ☐ Yes ☐ No
- Do you pay compensation (other than wages) to an ITIN contractor for services performed in N.C.? ☐ Yes ☐ No
- Total amount you expect to withhold each month: ☐ Less than \$250 (Quarterly) ☐ \$250 - Less than \$2,000 (Monthly) ☐ \$2,000 or more (Semiweekly)
- If business is seasonal (six or fewer months), fill in boxes for months employees are paid:  
☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

III. Sales and Use Tax Section and Other Taxes Section - Complete to apply for a Sales and Use or Other Applicable Number.

(You are required to file a return beginning with the month or quarter you indicate.)

- When will you start selling or purchasing items or services subject to N.C. taxes and/or service charge? 12 45 78
- Will your sales or gross receipts be? ☐ Retail (to users or consumers) ☐ Wholesale (to registered merchants for resale) ☐ Both Retail and Wholesale
- What kind of business are you engaged in? (Be specific) ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNPOQRST
- What accounting method will you use? ☐ Cash ☐ Accrual -Are you registering only to remit use tax on purchases? ☐ Yes ☐ No
- Will you provide and sell  
piped natural gas? ☐ Yes ☐ No -Will you provide and sell telecommunications and ancillary services? ☐ Yes ☐ No  
-Will you provide and sell electricity? ☐ Yes ☐ No -Will you provide and sell direct-to-home satellite services? ☐ Yes ☐ No  
-Will you provide motor vehicle  
leases or subscriptions? ☐ Yes ☐ No -Will you provide and sell other video programming services? ☐ Yes ☐ No  
-Will you sell new tires? ☐ Yes ☐ No -Will you provide and sell prepaid wireless telecommunications services? ☐ Yes ☐ No  
-Will you sell new appliances? ☐ Yes ☐ No If yes, select filing frequency ☐ Monthly ☐ Semiannual
- Amount of sales tax expected each month: ☐ Less than \$100 (Quarterly) ☐ \$100 - Less than \$20,000 (Monthly) ☐ \$20,000 or more (Monthly with Prepayment)
- If business is seasonal (six or fewer months), fill in boxes for months of sales:  
☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec
- \*Sales tax on telecommunications and ancillary services, electricity, and piped natural gas must be reported on the accrual basis.

IV. Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that, to the best of my knowledge, this application is accurate and complete.

Mail to: N.C. Department of Revenue, P.O. Box 25000, Raleigh, NC 27640-0100