

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

Office Use

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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
3. Legal Business or Owner's Name: ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMN...
4. Trade Name (DBA Name): ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMN...
5. Daytime Business Phone: 1234567890 6. Fax Phone: 1234567890
7. Email Address: ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMN...
8. Business Location in N.C.: Street: ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMN... County: ABCDEFGHIJKL
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: ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMN...
12. List responsible persons (President, Treasurer, Chief Financial Officer, Manager, Primary Partners, other officers, etc.):

Table with 4 columns: Name, Title, Social Security No., Address. Contains placeholder text for responsible persons.

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) ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMN...
-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.