

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

Office Use

Empty box for 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
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...
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 5 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 and sell other video programming services? Yes No
-Will you provide motor vehicle leases or subscriptions? Yes No -Will you provide and sell prepaid wireless telecommunications services? Yes No
-Will you sell new tires? Yes No If yes, select filing frequency Monthly Semiannual
-Will you sell new appliances? Yes No
-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.