



# Business Registration Application for Income Tax Withholding, Sales and Use Tax, and Machinery, Equipment, and Manufacturing Fuel Tax

Office Use

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North Carolina Department of Revenue

## I. Identifying Information

- Federal Employer ID No.:  -  or Proprietor's Social Security No.:  -  -
- Type of Ownership:  Proprietorship  C Corp.  S Corp.  LLC  Partnership  LLP  Fiduciary  Other (Identify) \_\_\_\_\_  
If a corporation, state of incorporation: \_\_\_\_\_ If N.C. Corporation or LLC, enter N.C. Secretary of State ID No.: \_\_\_\_\_
- Legal Business or Owner's Name: \_\_\_\_\_
- Trade Name (DBA Name): \_\_\_\_\_
- Daytime Business Phone: \_\_\_\_\_ 6. Fax Phone: \_\_\_\_\_
- Business Location in N.C.: Street \_\_\_\_\_  
(Not P.O. Box Number) City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_
- Is the business located within city or town limits?  Yes  No 9. Number of locations in N.C. \_\_\_\_\_ Enclose list if more than one.
- Mailing Address: Street or P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- List primary partners or corporate officers (*President, Vice President, Secretary, and Treasurer*):

Name	Title	Social Security No.	Address

## 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.: \_\_\_\_\_
- Do you make pension payments to N.C. residents?  Yes  No  
If yes, do you choose to report the pension payment withholding separately? (*See instructions*)  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 If yes, do you choose to report this withholding separately? (*See instructions*)  Yes  No
- Amount of tax you expect to withhold each month:  Less than \$250 (Quarterly)  \$250 - \$2,000 (Monthly)  More than \$2,000 (Semiweekly)
- If your business is seasonal, fill in circles for months employees are paid:  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

## III. Sales and Use Tax Section - Complete to apply for a Sales and Use Tax Number.

- When will you start selling or purchasing items subject to N.C. sales or use tax? \_\_\_\_\_ (*You are required to file a return beginning with the month or quarter you indicate.*)
- Will your sales be?  Retail (to users or consumers)  Wholesale (to registered merchants for resale)  Both Retail and Wholesale
- What will you sell? (*Be specific*) \_\_\_\_\_
- Are you registering only to remit use tax on purchases?  Yes  No
- Will you sell electricity?  Yes  No -Will you sell telecommunications services?  Yes  No
- Will you sell direct-to-home satellite services?  Yes  No -Will you sell other video programming services?  Yes  No
- Will you lease motor vehicles to others?  Yes  No -Will you sell new tires?  Yes  No
- Will you sell new appliances?  Yes  No -What accounting method will you use?  Cash  Accrual
- Amount of sales tax expected each month:  Less than \$100 (Quarterly)  \$100 - \$10,000 (Monthly)  \$10,000 or more (Semimonthly)
- If your business is seasonal, fill in circles for months of sales:  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

## IV. Machinery, Equipment, and Manufacturing Fuel Tax Section - Complete to apply for a number to remit tax on purchases of machinery, equipment, or manufacturing fuel.

- Are you registering to remit tax on purchases of machinery or recycling equipment?  Yes  No
- Are you registering to remit tax on purchases of fuel to operate a manufacturing industry or plant?  Yes  No

V. 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