

Business Registration Application for
Income Tax Withholding, Sales and Use Tax, and
Machinery and Equipment Tax
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: ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNORSTUVWXYZAB
4. Trade Name (DBA Name): ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNORSTUVWXYZABCDE
5. Daytime Business Phone: 1234567890 6. Fax Phone: 1234567890
7. Business Location in N.C.: Street: ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMN County: ABCDEFGHIJKL
8. Is the business located within city or town limits? [] Yes [] No 9. Number of NC Locations: 12
10. Mailing Address: Street or P.O. Box: ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMN
11. 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 - \$2,000 (Monthly) [] More than \$2,000 (Semiweekly)
-If your business is seasonal, 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 - Complete to apply for a Sales and Use Tax Number.

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

- When will you start selling or purchasing items subject to N.C. sales or use tax? 12 45 78
-Will your sales be? [] Retail (to users or consumers) [] Wholesale (to registered merchants for resale) [] Both Retail and Wholesale
-What kind of business do you operate? (Be specific) ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNORSTU
-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 electricity? [] Yes [] No -Will you provide and sell telecommunications services? [] Yes [] No
-Will you lease motor vehicles to others? [] Yes [] No -Will you provide and sell direct-to-home satellite services? [] Yes [] No
-Will you sell new tires? [] Yes [] No -Will you provide and sell other video programming services? [] Yes [] No
-Will you sell new appliances? [] Yes [] No
-Amount of sales tax expected each month: [] Less than \$100 (Quarterly) [] \$100-\$20,000 (Monthly) [] More than \$20,000 (Monthly with Prepayment)
-If your business is seasonal, fill in boxes for months of sales: [] Jan [] Feb [] Mar [] Apr [] May [] Jun [] Jul [] Aug [] Sep [] Oct [] Nov [] Dec

IV. Machinery and Equipment Tax Section - Complete to apply for a number to remit tax on purchases of machinery and equipment.

- Are you registering to remit tax on purchases of machinery or recycling equipment to operate a manufacturing industry or plant? [] Yes [] No
-When will you begin making these purchases? 12 45 78

V. Signature: _____ Title: _____ Date: _____

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