



Instructions For Handwritten Forms

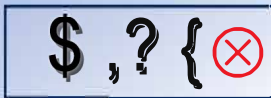
Guidelines



Do not use red ink. Use blue or black ink.



Do not use dollar signs, commas, or other punctuation marks.



Printing



Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.



Do not select "print on both sides of paper."



Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.



B-202A Application for State Privilege License

For Office Use Only

IMPORTANT: If first-time applicant, you **MUST** enter start date of activity that requires this license.

First-Time Applicant

_____ - _____ - _____

IMPORTANT: If renewal applicant, you **MUST** enter account number/NCDOR ID for this license.

Renewal Applicant

_____ - _____ - _____

For the year beginning July 1, _____ and ending June 30, _____

Part 1. Professional Individuals

First Name _____ M.I. _____ Last Name _____

Social Security Number _____ Daytime Phone (Include area code) _____ - _____ - _____

Name of Business Where Professional Individual Is Employed (optional) _____

Address Where License Is To Be Mailed (This address is printed on the license.) _____

City _____ State _____ Zip Code (5 Digits) _____ County _____

Enter Code Number and License Description from Table on Instructions

Part 2. Loan Agencies, Check Cashers, or Pawnbrokers Loan Agency Check Casher Pawnbroker

Legal Name of Business _____

Federal Employer ID Number _____ Business Phone (Include area code) _____ - _____ - _____

Street Address of Business _____

City _____ State _____ Zip Code (5 Digits) _____ County _____

Address Where License Is To Be Mailed (If different from street address) _____

City _____ State _____ Zip Code (5 Digits) _____

Part 3. Computation of Privilege License Tax

1. Total Privilege License Tax Due (From Table on Instructions)	▶ _____
2. Penalty	▶ _____
3. Interest	▶ _____
4. Total Payment Due (Add Lines 1 through 3)	\$ _____

Signature: _____ Date: _____

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

Attach your check or money order to this application. Payment must be in the form of U.S. currency from a domestic bank.
North Carolina Department of Revenue, P.O. Box 25000, Raleigh, NC 27640-0100

