NCDOR
Web-Fill
9-19

Schedule NEI
Nonresident Employee Information Schedule

PRINT CLEAR

DOR Use Only

Legal Name

FEIN or SSN

Disaster Response Period Beginning *(MM-DD-YY)* Ending *(MM-DD-YY)*

Name (Last, First, and Middle Initial)	**Social Security Number**	**Principal Address** (Street Address, City, State, and Zip-Code)	**Date of Entry into NC** *(MM-DD-YY)*	**Date of Exit from NC** *(MM-DD-YY)*	**Amount of Compensation Paid for Work Performed in NC by Calendar Year**	
					Compensation Amount	**Calendar Year** *(YYYY)*