

### Instructions for Handwritten **Forms**

# **Guidelines**



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









Do not use dollar signs, commas, or other punction 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."



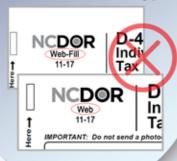
# **Before** Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.





# NC-TCR Registration Application for Transportation Commerce Tax

_			
( )	ffice	ווי	Se

lde	entifying Information								
1.	Federal Employer ID No.:	or Proprietor's Social Security No.:							
	Type of Ownership: Oroprietorship Ocorporation LLC Partnership LLP Fiduciary Other (Specify)								
	If a corporation, state of incorporation: If Corporation or LLC, enter N.C. Secretary of State ID No., if applicable:								
3.	Legal Business or Owner's Na	usiness or Owner's Name:							
4.	Trade Name (DBA Name):	ne):							
5.	Daytime Business Phone:	6. Email Address:							
7.	Business Location in N.C.:	Street							
	(No P.O. Boxes; See Instructions for Sellers	City_	State	Zip Code	County				
	without NC Business Location)								
8.	Mailing Address:	Street or P.O. Box							
		City	State	Zip	Code				
9.	List responsible persons (President, Treasurer, Chief Financial Officer, Manager, Primary Partners, other officers, etc.):								
	Name	Title	Social Security	No.	Address				
	hen will you start providing ser ou are required to file a return			arts or begins 7/1/2025.)					
-W	hat type of business are you?	○ Taxi ○ Transpo	rtation Network Company	O Both					
-Ar	re you currently registered for N	IC sales and use tax or withh	olding tax? If so, provide the	e NC account ID.					
-Ho	ow much tax do you expect to o	we each month?	Less than \$100 (Quarterly)	\$100 - \$20,000 (Monthly)	More than \$20,000 (Monthly with Prepayment)				
	business is seasonal (six or fev in circles for months of service		eb 🔾 Mar 🔾 Apr 🔾 Ma	ay 🔾 Jun 🔾 Jul 🔘 A	Aug O Sep Oct O Nov O Dec				
Sig	gnature:    I certify that, to the	best of my knowledge, this a	Title: pplication is accurate and co		Date:				

Mail to: N.C. Department of Revenue, P. O. Box 25000, Raleigh, NC 27640-0100

#### Registration Application Instructions

Step 1 - Complete Identifying Information. Use blue or black ink.

- Line 1 Enter your Federal Employer's Identification Number. Important: Federal Employer Identification Numbers are required of all corporations and partnerships. If the business is a proprietorship, enter the Social Security Number of the owner.
- If the business is a sole proprietorship, enter the name of the owner. If the business is a corporation or a LLC, enter the legal Line 3 name. The legal name of the North Carolina corporation or LLC is the name shown on the Articles of Incorporation or Articles of Organization filed with the Secretary of State. The legal name of an out-of-state corporation or LLC is the name shown on the Certificate of Authority issued by the Secretary of State. If the business is a partnership, enter the legal name of the partnership and list the partners' names in Line 9. If a business has applied for, but not received a Secretary of State ID No, enter "Applied For" in the space provided.

Line 4

Enter the trade name by which your business is known to the public.
Enter the address of the actual business location in North Carolina, not the address of an individual owner or representative. If no Line 7 location in North Carolina, enter the out-of-State business location.

Step 2 - Sign the application and mail it to P.O. Box 25000, Raleigh, NC 27640-0100. The application must be signed (1) By the owner, if the owner is an individual. (2) By a manager, member, or company official, if the owner is a limited liability company. (3) By a manager, member, or partner, if the owner is a partnership. (4) By an executive officer or some other person specifically authorized by the corporation to sign the application, if the owner is a corporation. If the application is signed by a person authorized to do so by the corporation, written evidence of the person's authority must be attached to the application. Questions can be directed to 1-877-252-3052 (toll-free).