721.1.1f - Registration Application for Sales Taxes

Complete this form and send it to Accounting Services, CB #1210.

1. Federal Tax ID Number (check one):  ___ University 56-6001393  ___ Other (ID = ________________)

2. Type of Entity (check one):  ___ University Department  ___ Other (Identify ________________)

3. Department / Entity Name:  ____________________________________________________

4. Department / Entity Mailing Address:  CB#________________________________________

5. Department / Entity Physical Address:  _____________________________________________
                                           _____________________________________________

6. Department / Entity Contact:  ____________________________________________________

7. Contact Phone:  ______________________  Contact Email:  ____________________________
                     __________________________

8. Date Taxable Ticket Sales Begin:  ____ / ____ / ________

9. Description of Entertainment Events:
   ____________________________________________________
                                        ____________________________________________________

10. Estimated Monthly Sales Tax Collections (check one):

    < $100   $100 - $20,000   > $20,000

11. Anticipated method of filing sales tax reports (check one):

    Mail a form filled out through website  Electronic Data Interchange (EDI) Process

    File Electronically through NC DOR website
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Created 12/1/13