

# NC-NBN Nonresident Business Notification

DOR Use Only

Legal Name

Trade Name

Mailing Address

City  State  Zip Code

Name of Contact Person

Phone Number  Fax Number

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

**Date Disaster-Related Work Concluded in NC**  
  
 (MM-DD-YY)

**FEIN or SSN**

**Date of Entry into NC**  
  
 (MM-DD-YY)

**Date of Disaster Declaration**  
  
 (MM-DD-YY)

**Date of Exit from NC**  
  
 (MM-DD-YY)

**Important:** If a nonresident business fails to submit a timely Nonresident Business Notification, the nonresident business will forfeit the relief provided to the nonresident business which exempts the business from certain North Carolina business registration and tax laws. For additional details, see North Carolina General Statute 166A-19.70A and Session Law 2019-187 (SB 498).

Nonresident Employee Information <i>(If additional lines are needed, attach Schedule NEI available from the Department's website.)</i>						
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)

A nonresident business must provide notification to the Department of Revenue within 90 days of the date the nonresident business concludes its disaster-related work in North Carolina. Mail this notification to: North Carolina Department of Revenue, Attn: Business Liaison - Examination Division, PO Box 871, Raleigh, North Carolina 27602-0871.