

Instructions for Web Fill-In Forms

Getting Started

Save the PDF to
your computer



Use the latest
version of Adobe
Acrobat Reader
to complete the
form.



Guidelines

Do not handwrite
any information



Do not use
commas when
entering amounts

Enter Whole U.S. Dollars Only ☒

▶ 1. 99,999

Enter Whole U.S. Dollars Only ☒

▶ 1. 99999

Do not use brackets for
negative numbers. Use
a minus sign to show
the amount is negative.

Enter Whole U.S. Dollars Only ☒

▶ 1. [99999]

Enter Whole U.S. Dollars Only ☒

▶ 1. -99999

Printing

Use the print icon on
the form to ensure
you have completed
all required fields.



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

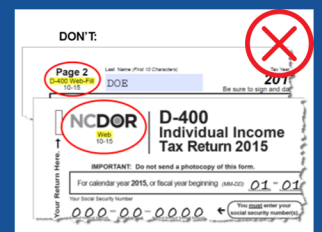


Set the page scaling
to "none." The Auto-
Rotate and Center
checkbox should be
unchecked.



Before Sending...

Do not mix form
types



Do not submit
photocopies of
returns. Submit
original returns only.



| | | | |
|---|----------------------------|--|---|
| Individual's First Name | M.I. | Individual's Last Name | Individual's Social Security Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Spouse's First Name (If joint return filed) | M.I. | Spouse's Last Name (If joint return filed) | Spouse's Social Security Number (If joint return filed) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Individual's Phone Number | Individual's Email Address | | |
| <input type="text"/> | <input type="text"/> | | |

| | |
|--------------------------------|-------------------------------------|
| Entity's Legal Name | Entity's Federal Employer ID Number |
| <input type="text"/> | <input type="text"/> |
| Entity's Trade Name | Account Number/NCDOR ID |
| <input type="text"/> | <input type="text"/> |
| Contact Person's Name | Contact Person's Phone Number |
| <input type="text"/> | <input type="text"/> |
| Contact Person's Email Address | |
| <input type="text"/> | |

| | | |
|----------------------|----------------------|----------------------|
| Mailing Address | | |
| <input type="text"/> | | |
| City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Reason for Objection and Request for Departmental Review *(Provide the requested information about the notice(s) that you are requesting the Department to review. Important: Attach a copy of the notice(s) of proposed assessment, proposed denial of refund, or proposed adjustment.)*

| Notice Number | Date of Notice | Tax Type | Period Beginning | Period Ending |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Use the space below to state in detail your specific objections to the Notice of Proposed Assessment, Notice of Proposed Denial of Refund, or Notice of Proposed Adjustment. *(Attach additional pages if necessary. Attach all supporting documentation to your request for Departmental review.)*

Taxpayer Signature: _____ Title: _____ Date: _____

Signature of
Power of Attorney: _____ Date: _____

A preparer cannot sign Form NC-242 for the taxpayer unless a power of attorney (Form GEN-58) has been established.

If you object to a proposed assessment, proposed adjustment, or proposed denial of refund, you must request a Departmental review of the proposed action as the first step in the appeals process. To request a review, complete this form and mail it, along with all supporting documentation, to the address shown below. This form may be used for any State or local tax administered by the Department of Revenue. The request for review must be filed with the Department within 45 days after the following: (1) the date the Notice of the Proposed Assessment, Proposed Denial of Refund, or Proposed Adjustment was mailed by the Department, or (2) the date the Notice of Proposed Assessment, Proposed Denial of Refund, or Proposed Adjustment was personally delivered by a Department employee.

**MAIL TO: North Carolina Department of Revenue, Customer Service Division,
P.O. Box 471, Raleigh, NC 27602-0471**