NC-SEP
10-07

Separation of Employment Notification

North Carolina Department of Revenue

If the taxpayer is no longer employed or terminates your employment during the term of the garnishment. Please mail or fax (919-733-1231) the garnishment with the following information.

Business Name *(First 35 Characters)* *USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS*

Business Address

City **State** **Zip Code**

Taxpayer Name *(First 35 Characters)* *USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS*

Present Address of Taxpayer *(If known)*

City **State** **Zip Code**

Business FID/SSN

Date of Separation – –

Taxpayer FID/SSN

Present Employer *(If known)*

Date of Final Garnishment Payment – –

Amount of Final Garnishment Payment

$, , .00

Central Collections Unit
P.O. Box 1168
Raleigh, NC 27602-1168