

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 ☐

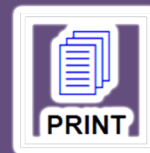
▶ 1. [99999]

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."

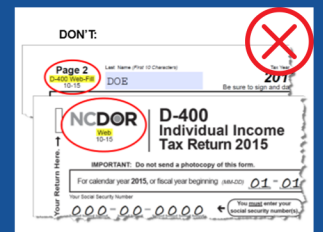


Set the page scaling
to "none." The Auto-
Rotate and Center
checkbox should be
unchecked.



Before Sending...

Do not mix form
types



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



NC-BN Out-of-Business Notification

Account Information

ID Type (Specify one): **SSN** (Social Security Number) or **FEIN** (Federal Employer Identification Number)

First Name	M.I.	Last Name	ID Type	Identification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Entity Legal Name	ID Type	Identification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address	Phone Number
<input type="text"/>	<input type="text"/>

1. If permanently closed, enter the date closed.*

2. If a seasonal business has temporarily closed, fill in circle(s) for the months the business is open:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

You must file returns for the months the business is open.

3. Tax Type - Select the tax type for the account(s) you would like to close and provide the Account/NCDOR ID for each account.

Account/NCDOR ID

<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"/>

Signature:

Date:

I certify that, to the best of my knowledge, this form is accurate and complete.

Name:

Title:

*If you registered via the Streamlined Sales Tax Registration System, do not use this form. Any updates must be made at sstregister.org.

Mail to: North Carolina Department of Revenue, P.O. Box 25000, Raleigh, North Carolina 27640-0001
(Do not send this form with a tax return.)