



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

Department Chair Printed Name

Department Chair Signature

Date