NC-BN
Web-Fill
2-02

Out-of-Business Notification

North Carolina Department of Revenue

(Do not send this form with your return.)

PRINT CLEAR

Account Information

SSN or FEIN

Account ID

Legal Name

Address

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

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

2. **If a seasonal business has temporarily closed, fill in circle(s) for months 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. **Fill in each circle for accounts that are seasonal or closed:**

- ○ All Business Accounts
- ○ Franchise and Corporate Income
- ○ Partnership
- ○ Sales and Use
- ○ Withholding
- ○ Other

Mail to: North Carolina Department of Revenue
Documents and Payments Processing Division
P.O. Box 25000
Raleigh, North Carolina 27640-0001