



## 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

▶ 1. 99,999.00 ❌

▶ 1. 99999.00 ✅

Do not use brackets for  
negative numbers

Use a minus sign to show  
the amount is negative

▶ 1. [99999.00] ❌

▶ 1. -99999.00 ✅

### Printing

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



Before printing, select  
"actual size"

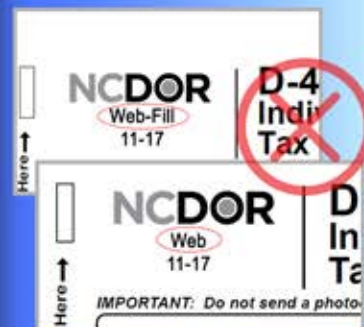


Do not print on  
both sides of the  
paper



### Before Mailing

Do not mix form types



Do not submit  
photocopies of returns

Submit originals only



Individual's First Name	M.I.	Individual's Last Name	Individual's Social Security Number
<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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 style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Individual Phone Number			
<input style="width: 95%;" type="text"/>			

Entity's Legal Name	Entity's Federal Employer ID Number
<input style="width: 98%;" type="text"/>	<input style="width: 95%;" type="text"/>
Entity's Trade Name	Account Number/NCDOR ID
<input style="width: 98%;" type="text"/>	<input style="width: 95%;" type="text"/>
Entity Contact Person	Entity Contact Person Phone Number
<input style="width: 98%;" type="text"/>	<input style="width: 95%;" type="text"/>

Street Address

City

State

Zip Code

**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

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  
Taxpayer's Representative: \_\_\_\_\_ Date: \_\_\_\_\_

If a taxpayer's representative signs this form, a Power of Attorney must accompany this request.

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 Interaction Center, P.O. Box 471, Raleigh, NC 27602-0471**