



**Tax Administration**

TEL 919 856 5999

FAX 919 743 4728

**Gross Receipts Tax Division**

Wake County Justice Center

301 S. McDowell Street, Suite 3800

P.O. Box 2719 Raleigh, NC 27602

[www.wake.gov/tax](http://www.wake.gov/tax)

**ROOM OCCUPANCY TAX APPLICATION**

**SELECT ONE:** Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ L.L.C. \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**OWNER/CORPORATION INFORMATION:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**INDIVIDUAL/CORPORATE OFFICER INFORMATION:** (Residence Address/Telephone)

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**BUSINESS INFORMATION:**

Trade Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Location: \_\_\_\_\_

Contact Name/Title \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Business Begin Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Return completed application to:**

Wake County Tax Administration

Gross Receipts Division

P.O. Box 2719

Raleigh NC 27602