



REVENUE DEPARTMENT  
www.WakeGov.com

TEL 919 856 5999  
FAX 919 743 4728

**Gross Receipts Tax Division**  
One Bank Of America Plaza  
421 Fayetteville Street, Suite 200  
P.O. Box 2719 Raleigh, NC 27602

**RENTAL VEHICLE TAX APPLICATION**

**SELECT ONE:**

Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_  
Other (please specify) \_\_\_\_\_ L.L.C. \_\_\_\_\_

**COMPLETE IF APPLICABLE:**

Federal Tax ID #: \_\_\_\_\_

**OWNER / CORPORATION INFORMATION**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**BUSINESS INFORMATION**

Trade Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Business Begin Date: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_