



TAX ADMINISTRATION
www.WakeGov.com/tax

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

RENTAL VEHICLE TAX APPLICATION

SELECT ONE: Sole Proprietorship_____Partnership_____Corporation_____L.L.C. _____
Other (please specify) _____

OWNER/CORPORATION INFORMATION:

_____ 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: _____

Location: _____

Contact Name/Title _____

Contact Telephone:_____ Business Telephone: _____

Federal Tax ID #:_____ Business Begin Date: _____

Return completed application to:

Wake County Tax Administration Gross Receipts Division
P.O. Box 2719 Raleigh NC 27602
