

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

Enter Whole U.S. Dollars Only ❌

Enter Whole U.S. Dollars Only ✅

Do not use brackets for negative numbers

Use a minus sign to show the amount is negative

Enter Whole U.S. Dollars Only ❌

Enter Whole U.S. Dollars Only ✅

Printing

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



Before printing, select "actual size"

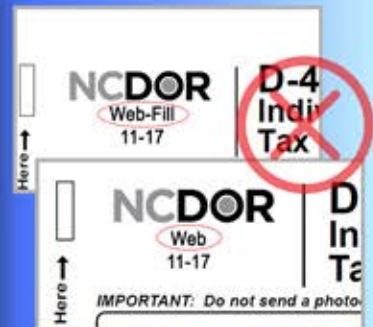


Do not print on both sides of the paper



Before Mailing

Do not mix form types



Do not submit photocopies of returns

Submit originals only



B-202A

Application for State Privilege License

For Office Use Only

IMPORTANT: If first-time applicant, you **MUST** enter start date of activity that requires this license. **First-Time Applicant**

IMPORTANT: If renewal applicant, you **MUST** enter account number/NCDOR ID for this license. **Renewal Applicant**

For the year beginning July 1, _____ and ending June 30, _____

Part 1. Professional Individuals

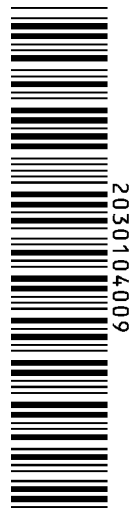
First Name	M.I.	Last Name
Social Security Number	Daytime Phone (Include area code)	
Name of Business Where Professional Individual Is Employed (optional)		
Address Where License Is To Be Mailed (This address is printed on the license.)		
City	State	Zip Code (5 Digits) County
Enter Code Number and License Description from Table on Reverse		

Part 2. Loan Agencies, Check Cashers, or Pawnbrokers Loan Agency Check Casher Pawnbroker

Legal Name of Business		
Federal Employer ID Number	Business Phone (Include area code)	
Street Address of Business		
City	State	Zip Code (5 Digits) County
Address Where License Is To Be Mailed (If different from street address)		
City	State	Zip Code (5 Digits)

Part 3. Computation of Privilege License Tax

1. Total Privilege License Tax Due (From Table on Instructions)	▶
2. Penalty	▶
3. Interest	▶
4. Total Payment Due (Add Lines 1 through 3)	\$



Signature: _____ Date: _____

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

Attach your check or money order to this application. Payment must be in the form of U.S. currency from a domestic bank.
North Carolina Department of Revenue, P.O. Box 25000, Raleigh, NC 27640-0100