

NC-SEP

Web-Fill
10-07

Separation of Employment Notification

North Carolina Department of Revenue

If the taxpayer is no longer employed or terminates your employment during the term of the garnishment.
Please mail or fax (919-733-1231) the garnishment with the following information.

Business Name *(First 35 Characters)* USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS

Business Address

City

State

Zip Code

Business FID/SSN

Taxpayer FID/SSN

Present Employer *(If known)*

Taxpayer Name *(First 35 Characters)* USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS

Present Address of Taxpayer *(If known)*

City

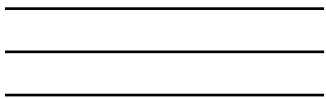
State

Zip Code

Date of Final Garnishment Payment

Amount of Final Garnishment Payment

\$



Central Collections Unit
P.O. Box 1168
Raleigh, NC 27602-1168