

North Carolina Local Government Debt Setoff Clearinghouse
Hardcopy Data Entry Submission Form for TAX Debts
Use separate page(s) for Spouse/Joint
Send to Clearinghouse secure fax (803) 561-9680

Local Government Name: _____ *

Agency Code: _____ * Date: _____ * Page _____ of _____ *

Circle Type of Debtor/Debt: *

a) New Debtor/New Debt b) Existing Debtor/New Debt c) Existing Debtor/Existing Debt

1) Social Security Number or Individual Tax Identification Number (ITIN):

_____ - _____ - _____ *

2) Last Name: _____ *

3) First Name: _____ * 4) Middle Initial: _____

Last Known Address (do not use service address):

5) Street: _____ *

6) City: _____ * 7) State: _____ * 8) Zip Code: _____ *

Debt #1:

Debt Amount: \$ _____ * Account Nbr/Tracking: _____ *

Compliance Date: ____/____/____ * Expiration Date: ____/____/____ *

Base Amount: \$ _____ * Base Interest/Fees: \$ _____ *

* REQUIRED

Call the Clearinghouse (866) 265-1668 if you do not receive a fax receipt/acknowledgement within two business days.

Revised February 23, 2022

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Debt #2 (if applicable):

Debt Amount: \$ _____ * Account Nbr/Tracking: _____ *

Compliance Date: ____/____/____ * Expiration Date: ____/____/____ *

Base Amount: \$ _____ * Base Interest/Fees: \$ _____ *

Debt #3:

Debt Amount: \$ _____ * Account Nbr/Tracking: _____ *

Compliance Date: ____/____/____ * Expiration Date: ____/____/____ *

Base Amount: \$ _____ * Base Interest/Fees: \$ _____ *

Debt #4:

Debt Amount: \$ _____ * Account Nbr/Tracking: _____ *

Compliance Date: ____/____/____ * Expiration Date: ____/____/____ *

Base Amount: \$ _____ * Base Interest/Fees: \$ _____ *

Debt #5:

Debt Amount: \$ _____ * Account Nbr/Tracking: _____ *

Compliance Date: ____/____/____ * Expiration Date: ____/____/____ *

Base Amount: \$ _____ * Base Interest/Fees: \$ _____ *

*REQUIRED

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