

**North Carolina Local Government Debt Setoff Clearinghouse  
Hardcopy Data Entry Submission Form for NON-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 \_\_\_\_\_ \*

Notification Letters Needed: **YES / NO** \*

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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: \_\_\_\_\_ \*

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Debt #1:

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

Compliance Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*    Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*

\* REQUIRED

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

Revised November 1, 2016

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**If more than one debt – complete below for all additional debt(s)**

Debt #2:

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

Compliance Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*      Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*

Debt #3:

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

Compliance Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*      Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*

Debt #4:

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

Compliance Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*      Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*

Debt #5:

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

Compliance Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*      Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*

Debt #6:

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

Compliance Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*      Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*

\* REQUIRED

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