

Amended Annual Withholding Reconciliation
North Carolina Department of Revenue

< Staple Wage Statements Here

Instructions

Purpose - Use this form to amend a previously filed NC-3 or NC-3M, Annual Withholding Reconciliation. Form NC-3X applies to all filing frequencies.

Legal Name and Address - Enter the legal name and address in capital letters.

Identifying Information - Enter the Account ID, and Federal Employer Identification Number (FEIN) or Social Security Number (SSN). Do not use dashes to separate the FEIN or SSN.

Line 1 - Total annual tax withheld per W-2, W-2C, or 1099 statements as corrected. Submit only the corrected North Carolina statements for verification. Attach the statements to this page at the box located at the top left-hand corner of the page.

Line 2 - Enter the tax withheld per statements as originally reported or previously adjusted.

Line 3 - If Line 2 is more than Line 1, subtract and enter the refund due.

Line 4 - If Line 1 is more than Line 2, subtract and enter the additional tax due. Make check payable in U.S. currency.

Line 5 - The interest rate is set semiannually by the Secretary of Revenue and is published on the Department's website at <http://www.dor.state.nc.us>.

Line 6 - Add Lines 4 and 5. Enter the total amount due and payable.

Mail to: N.C. Department of Revenue, P.O. Box 25000, Raleigh, NC 27640-0630

Do not cut this form or detach the bottom portion.

Submit this form in its entirety.

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Tax Year	Account ID	FEIN or SSN
0000	176453458	176453458
JOHNSON AND JOHNSON PHARMACEUTICAL		
5121 VALDEZ CTXXXXXXXXXXXXXXXXXX35MAX		
RALEIGHXXXXXXXXXX20MAX NC 27605		

1. Total Annual Tax Withheld as Corrected (Attach corrected wage statements)	00000000.00
2. Tax Withheld as Originally Reported or Previously Adjusted by original statements	00000000.00
3. Refund Due (If Line 2 is more than Line 1, subtract and enter Refund Due)	00000000.00
4. Additional Tax Due (If Line 1 is more than Line 2, subtract and enter Tax Due)	00000000.00
5. Interest	00000000.00
6. Total Amount Due (Add Lines 4 and 5)	\$ 00000000.00

Signature: _____ Date: _____

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

Title: _____ Phone: () _____

Mail to: NCDOR, PO Box 25000, Raleigh, NC 27640-0630