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NC-40 (FL)

Individual Estimated Income Tax

8-6-02 _____ North Carolina Department of Revenue _____

(Enter as YYYY) (Enter dates as MM DD YY)

MCAL	5121	27605	For calendar year	0000	or other tax year beginning	00 00 00
(First Name) (USE ALL CAPS)	(M.I.) (Last Name)	(SSN-No dashes)			and ending	00 00 00
ALEXANDER	K MCALLISTER	176453458				
(Spouse's First Name)	(M.I.) (Spouse's Last Name)	(Spouse's SSN-No dashes)				
MICHELLE	Q MCALLISTER	676253238				

PAYMENT DUE DATE
00 00 00

(Address) 5121 VALDEZ CTXXXXXXXXXXXXXXXXXX35MAX

(City)	(State)	(Zip Code)	(County)	(Country-if not U.S.)	AMOUNT OF THIS PAYMENT
RALEIGHXXXXXXXXXX20MAX	NC	27605	CNTY5	FRNCOUNTRY	\$ 000000000.00

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

71701XX005



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