



Cut Here



NC-5P (FL)

Withholding Payment Voucher

8-6-02

North Carolina Department of Revenue

(Account ID-Enter 9 digits)

(Enter as YYYY)

Account ID
176453458

Tax Year
0000

Enter Date Compensation Paid
(Enter date as MM DD YYYY)
MM DD YYYY

ALEXANDER K MCALLISTER
MICHELLE Q MCALLISTER
5121 VALDEZ CTXXXXXXXXXXXXXXXXXX35MAX
RALEIGHXXXXXXXXXX20MAX NC 27605

Amount of this Payment

\$ 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 27640-0050

20036 999999999X 0000000 06050

30801xx009

