



Cut Here



NC-5X (SD)

8-26-02

Amended Withholding Return

North Carolina Department of Revenue

| | | |
|------------------|---------------|------------|
| Filing Frequency | Period Ending | Account ID |
| MONTHLY | MM DD YY | 176453458 |

| | | |
|-----------------------|-----------------------------|------------|
| ALEXANDER | K | MCALLISTER |
| MICHELLE | Q | MCALLISTER |
| 5121 VALDEZ | CTXXXXXXXXXXXXXXXXXXXX35MAX | |
| RALEIGHXXXXXXXXX20MAX | NC | 27605 |

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 27640-0615

9999X 999999999X 0000000 9999X

| | |
|---|-----------------------|
| 1. Tax Withheld as Corrected | 00000000.00 |
| 2. Tax Withheld as Originally Reported or Previously Adjusted | 00000000.00 |
| 3. Overpayment | 00000000.00 |
| 4. Additional Tax Due | 00000000.00 |
| 5. Interest | 00000000.00 |
| 6. Total Tax Due | \$ 00000000.00 |

30401XX010

