



Cut Here



**NC-5PX (SD)**

**Amended Withholding Payment Voucher**

8-25-03

North Carolina Department of Revenue

Account ID  
176453458

Tax Year  
0000

Enter Date Compensation Paid

MM DD YYYY

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

|                   |    |             |
|-------------------|----|-------------|
| 1. Additional Tax | ▶  | 00000000.00 |
| 2. Interest       |    | 00000000.00 |
| 3. Total Due      | \$ | 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

9999X 9999999999X 0000000 9999X

30801XX011

