



Cut Here



NC-5PX (FL)

Amended Withholding Payment Voucher

8-25-03

North Carolina Department of Revenue

(Account ID-Enter 9 digits)

(Enter as YYYY)

Enter Date Compensation Paid

Account ID

Tax Year

(Enter date as MM DD YYYY)

176453458

0000

MM DD YYYY

ALEXANDER

K MCALLISTER

1. Additional Tax



00000000.00

MICHELLE

Q MCALLISTER

2. Interest

00000000.00

5121 VALDEZ CTXXXXXXXXXXXXXXXXXX35MAX

RALEIGHXXXXXXXXXX20MAX NC 27605

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

30801XX011



9999X 999999999X 0000000 9999X