



Cut Here



**NC-5PX (SD)**

**Amended Withholding Payment Voucher**

8-25-03

North Carolina Department of Revenue

Account ID  
123456789

Tax Year  
1234

Enter Date Compensation Paid

12 45 7890

ABCDEFGHIJKLMN  
OPQRSTUVWXYZ  
ABCDEFGHIJKLMN  
OPQRSTUVWXYZ  
ABCDEFGHIJKLMN  
OPQRSTUVWXYZ  
AB 12345

1. Additional Tax ▶ 12345678.01

2. Interest 12345678.01

3. Total Due \$ 12345678.01

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