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NC-5X (SD)

8-26-02

Amended Withholding Return

North Carolina Department of Revenue

Filing Frequency	Period Ending	Account ID
ABCDEFGHI	12 45 78	123456789

ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHI
 ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHI
 ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHI
 ABCDEFGHIJKLMNOPQRST AB 12345

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

1. Tax Withheld as Corrected	12345678.01
2. Tax Withheld as Originally Reported or Previously Adjusted	12345678.01
3. Overpayment	12345678.01
4. Additional Tax Due	12345678.01
5. Interest	12345678.01
6. Total Tax Due	\$ 12345678.01

30401XX010



9999X 999999999X 0000000 9999X