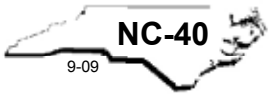

Individual Estimated Income Tax

North Carolina Department of Revenue

For calendar year ____ or fiscal year:

DRAFT

Complete spouse's information if you and your spouse plan to file a joint return.

Your Social Security Number ___ - ___ - ____

Spouse's Social Security Number ___ - ___ - ____

Beginning *(MM-DD-YY)* __ - __ - __

Ending *(MM-DD-YY)* __ - __ - __

Your First Name _____ M.I. _

Spouse's First Name _____ M.I. _

Your Last Name _____

Spouse's Last Name _____

Amount of this Payment

$ ___,___,___ .00

Address _____

Apartment Number _____

City _____

County *(Enter first 5 letters)* _____

State __

Zip Code _____

Country *(If not U.S.)* _____

Mail this form with your check or money order in U.S. currency to:
N.C. Department of Revenue, P.O. Box 25000, Raleigh, N.C. 27640-0630.
Do not fold, tape, or staple this return or your check. Do not send cash.