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NC-5X (FL) Amended Withholding Return

9-22-09 North Carolina Department of Revenue
(Enter either monthly or quarterly) (Account ID-Enter 9 digits)

Filing Frequency Period Ending Account ID
ABCDEFGHI 12 45 78 123456789

(Enter date as MM DD YY)

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

30401XX011



9999X 999999999X 0000000 9999X