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**NC-5PX (FL)**

9-22-09

### Amended Withholding Payment Voucher

North Carolina Department of Revenue

(Account ID-Enter 9 digits)	(Enter as YYYY)	(Enter date as MM DD YYYY)	
Account ID 123456789	Tax Year 1234	Enter Date Compensation Paid 12 45 7890	

ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHI  
 ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHI  
 ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHI  
 ABCDEFGHIJKLMNOPQRST 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

30801XX012



9999X 999999999X 0000000 9999X