



Cut Here



NC-5PX (SD)

9-22-09

Amended Withholding Payment Voucher

North Carolina Department of Revenue

Account ID	123456789	Tax Year	1234	Enter Date Compensation Paid	12 45 7890
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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