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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 |

30401XX012



9999X 999999999X 0000000 9999X