

1 2 3 4 5 6 7 8
1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5



Cut Here

NC-5PX (SD) **Amended Withholding Payment Voucher**
8-25-03 North Carolina Department of Revenue

Account ID	Tax Year	Enter Date Compensation Paid
176453458	0000	MM DD YYYY
ALEXANDER K MCALLISTER		1. Additional Tax ▶ 00000000.00
MICHELLE Q MCALLISTER		2. Interest 00000000.00
5121 VALDEZ CTXXXXXXXXXXXXXXXXX35MAX		3. Total Due \$ 00000000.00
RALEIGHXXXXXXXXX20MAX NC 27605		

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

9999X 999999999X 0000000 9999X

