



Cut Here



NC-5PX (SD)
8-25-03

Amended Withholding Payment Voucher

North Carolina Department of Revenue

Enter Date Compensation Paid

Account ID
123456789

Tax Year
1234

12 45 7890

ABCDEFGHIJKLMN OPQRSTUVWXYZ
ABCDEFGHIJKLMN OPQRSTUVWXYZ
ABCDEFGHIJKLMN OPQRSTUVWXYZ
ABCDEFGHIJKLMN OPQRST 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

30801XX011



9999X 9999999999X 0000000 9999X

