



Cut Here



NC-5PX (FL)

Amended Withholding Payment Voucher

9-22-09

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 9999999999X 0000000 9999X

