

# Quarterly Income Tax Withholding Return

North Carolina Department of Revenue

*This return is for semiweekly payers only. Monthly payers use Form NC-3M and quarterly payers use Form NC-3.*

**Account ID**

**Date Quarter Ended**

**Do not send payment with this form.** Use Form NC-5PX to pay additional tax and interest.

(MM-DD-YY)

**Business Name and Address**

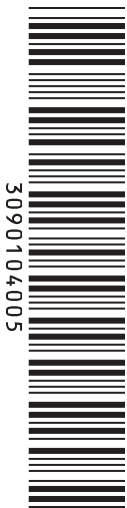
Legal Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Street Address

City

State

Zip Code (5 Digit)



**1. Total tax required to be withheld**  
(From Line IV on page 2 of this form) 

**2. Total payments to North Carolina for quarter**

**3. If Line 1 is more than Line 2, subtract and enter underpayment**

**4. If Line 1 is less than Line 2, subtract and enter overpayment**

The overpayment will be refunded

**This form must be filed on or before the last day of the month following the close of the quarter.**

**MAIL TO:** North Carolina Department of Revenue, Post Office Box 25000, Raleigh, North Carolina 27640-0605

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I certify that, to the best of my knowledge, this return is accurate and complete.

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Employer's Record of State Tax Liability**

See NC-30 for more information about withholding tax returns.

Complete this schedule by entering the N.C. income tax required to be withheld each payday, not payments.

<b>I. Tax Withheld - First Month of Quarter</b>									
1		8		15		22		29	
2		9		16		23		30	
3		10		17		24		31	
4		11		18		25			
5		12		19		26			
6		13		20		27			
7		14		21		28			
I. Total tax required to be withheld for first month of quarter								<b>I.</b>	
<b>II. Tax Withheld - Second Month of Quarter</b>									
1		8		15		22		29	
2		9		16		23		30	
3		10		17		24		31	
4		11		18		25			
5		12		19		26			
6		13		20		27			
7		14		21		28			
II. Total tax required to be withheld for second month of quarter								<b>II.</b>	
<b>III. Tax Withheld - Third Month of Quarter</b>									
1		8		15		22		29	
2		9		16		23		30	
3		10		17		24		31	
4		11		18		25			
5		12		19		26			
6		13		20		27			
7		14		21		28			
III. Total tax required to be withheld for third month of quarter								<b>III.</b>	
IV. Total for Quarter (Add Lines I, II, and III; enter here and on Line 1 on page 1 of this form)								<b>IV.</b>	