


Quarterly Income Tax Withholding Return

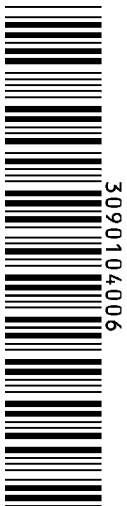
North Carolina Department of Revenue

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

Account ID	Date Quarter Ended <small>(MM-DD-YY)</small>	Do not send payment with this form. Use Form NC-5PX to pay additional tax and interest.
Business Name and Address <small>Legal Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)</small>		
<small>Street Address</small>		
<small>City</small>	<small>State</small>	<small>Zip Code (5 Digit)</small>

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

- 1. Total tax required to be withheld**
(From Line IV on reverse 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



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.

I. Tax Withheld - First Month of Quarter

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

I.

II. Tax Withheld - Second Month of Quarter

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

II.

III. Tax Withheld - Third Month of Quarter

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

III.

IV. Total for Quarter (Add Lines I, II, and III; enter here and on Line 1 on front)

IV.