


# Quarterly Income Tax Withholding Return

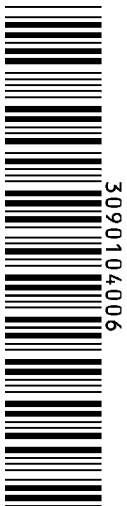
North Carolina Department of Revenue

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

<b>Account ID</b>	<b>Date Quarter Ended</b> <small>(MM-DD-YY)</small>	<b>Do not send payment with this form.</b> Use Form NC-5PX to pay additional tax and interest.
<b>Business Name and Address</b> <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.**