

General Information

Effective January 1, 2002, employers who withhold an average of at least \$250 but less than \$2,000 from wages each month must file a withholding return (Form NC-5) and pay the withheld taxes on a monthly basis. All monthly returns and payments, except those for December, are due by the 15th day of the month following the month in which the tax was withheld. The return and payment for the month of December are due by January 31. Employers who withhold an average of less than \$250 from wages each month must file Form NC-5 and pay the withheld taxes on a quarterly basis. All quarterly returns and payments are due by the last day of the month following the end of the calendar quarter.

Instructions for Form NC-5 Withholding Return

Indicate the period covered by the return in the blocks provided. Complete the legal name, Account ID, and Federal Employer Identification Number (FEIN) or Social Security Number (SSN). Use capital letters when entering legal name and address. Enter amounts in whole dollars only. Do not enter cents.

Line 1 - Tax withheld: Enter amount of North Carolina income tax required to be withheld.

Line 2 - Penalty: A penalty of 10% of the amount required to be withheld is imposed for failure either to withhold or to pay when due. The penalty for failure to timely file a withholding return is 5% of the tax due per month (maximum 25%). In addition, criminal penalties are provided for willful failure to comply with the withholding statutes.

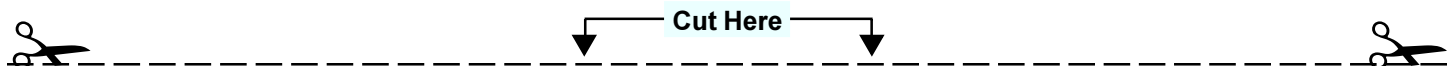
Line 3 - Interest: If payment is late, interest will accrue at the current rate set by the Secretary of Revenue. The Department's website, www.dor.state.nc.us, lists the current interest rate.

Please do not fold, staple, tape, or paper clip the return or payment.

Use blue or black ink to complete your return.

Make check payable in U.S. currency to N.C. Department of Revenue.

Cut return on line below and mail it with your payment to the address on the return.



Withholding Return

North Carolina Department of Revenue

Period Beginning (MM-DD-YY) Period Ending (MM-DD-YY)

Account ID

FEIN or SSN

USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS

Legal Name (First 23 Characters)

Street Address

City

State

Zip Code (5 Digit)

Signature:

Date:

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

Title:

Phone: ()

MAIL TO: P.O. Box 25000, Raleigh, NC 27640-0615

This report must be returned even if no tax has been withheld.

1. Tax Withheld

.00

2. Penalty

.00

3. Interest

.00

4. Total Due

(Add Lines 1, 2, and 3)

\$

.00

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NC-5
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