

Instructions for Form NC-5X, Amended Withholding Return

Use Form NC-5X to amend a previously filed Withholding Return, Form NC-5.

Indicate the period covered by the return in the blocks provided. Enter 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.

Line 1 - Tax Withheld as Corrected: Enter the corrected North Carolina income tax required to be withheld.

Line 2 - Enter the tax withheld as originally reported or previously adjusted.

Line 3 - If Line 2 is more than Line 1, subtract and enter the overpayment. You will receive a refund if there is an overpayment on Line 3.

Line 4 - If Line 1 is more than Line 2, subtract and enter the additional tax due.

Line 5 - If additional tax is due, enter the accrued interest. The interest rate is set semiannually by the Secretary of Revenue and is published on the Department's website at www.dor.state.nc.us.

Line 6 - Enter the total amount due and payable. *(Add Lines 4 and 5)*

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.



Amended 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)

1. Tax Withheld as Corrected	▶	_____	.00
2. Tax Withheld as Originally Reported or Previously Adjusted	▶	_____	.00
3. Overpayment <i>(If Line 2 is more than Line 1, subtract and enter Overpayment)</i>	▶	_____	.00
4. Additional Tax Due <i>(If Line 1 is more than Line 2, subtract and enter Tax Due)</i>	▶	_____	.00
5. Interest	▶	_____	.00
6. Total Amount Due <i>(Add Lines 4 and 5)</i>	▶	\$ _____	.00

You will receive a refund if you have an Overpayment on Line 3.

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

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