

For more help go to www.ncdor.gov/web-fill-form-instructions

Instructions for Web Fill-In Forms

Getting Started

Save the PDF to your computer



Use the latest version of Adobe Acrobat Reader to complete the form



Guidelines

Do not handwrite any information



Do not use commas when entering amounts

Enter Whole U.S. Dollars Only (Incorrect)

Enter Whole U.S. Dollars Only (Correct)

Do not use brackets for negative numbers

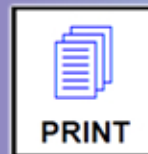
Use a minus sign to show the amount is negative

Enter Whole U.S. Dollars Only (Incorrect)

Enter Whole U.S. Dollars Only (Correct)

Printing

Use the print icon on the form to ensure you have completed all required fields



Before printing, select "actual size"



Do not print on both sides of the paper



Before Mailing

Do not mix form types



Do not submit photocopies of returns

Submit originals only



Staple Check Here.



D-403V Amended Amended Partnership Income Payment Voucher

What Is Form D-403V Amended and Why Should the Partnership Use It?

Form D-403V Amended is a payment voucher a partnership must use if the partnership mails a paper check for payment of tax due when a partnership amends its income tax return, Form D-403.

Important: If the partnership eFiles its amended return but elects not to pay the tax due using eFile software or if the partnership elects to file its amended partnership return by mail, the partnership must use this voucher.

Preparing and Sending the Partnership's Payment

- Make the check payable in U.S. dollars to the **NC Department of Revenue**. The Department will not accept a check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
- Make sure the partnership's name and address appear on the check.
- Make sure the check is signed.
- Enter the partnership's tax year, FEIN, and daytime phone number on the check.
- Staple the check in the designated area located on the top left corner of the form and send the payment to the address listed below.

Do not separate the voucher from the rest of the form.



D-403V Amended Amended Partnership Income Payment Voucher

Federal Employer ID Number

Tax Year Beginning (MM-DD-YY)

Tax Year Ending (MM-DD-YY)

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

Street Address

City

State

Zip Code (5 Digit)

Country (If not U.S.)

Contact Person

Phone

Amount Enclosed
\$

Mail To: North Carolina Department of Revenue, P.O. Box 25000, Raleigh, North Carolina 27640-0640