



Instructions For Handwritten Forms

Guidelines



Do not use red ink. Use blue or black ink.



Do not use dollar signs, commas, or other punctuation marks.



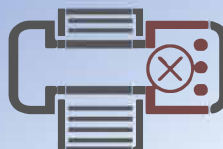
Printing



Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.



Do not select "print on both sides of paper."



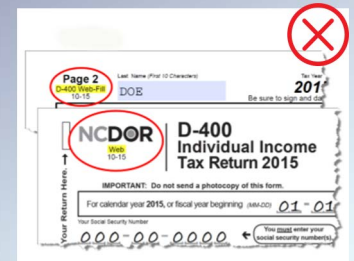
Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.



NC-5Q Quarterly Income Tax Withholding Return

DOR
Use
Only

This return is for semiweekly payers only.

Account ID	Date Quarter Ended	Do not send payment with this form. Use Form NC-5PX to pay additional tax and interest.
_____	____-____-____ (MM-DD-YY)	
Business Name and Address		
Legal Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)		

Street Address		

City	State	Zip Code (5 Digit)
_____	_____	_____

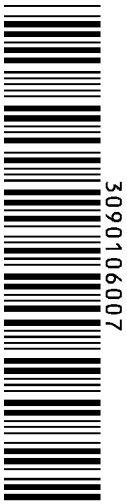
1. Total tax required to be withheld <i>(From Line IV on reverse of this form)</i>	▶	_____ .00
2. Total payments to North Carolina for quarter		_____ .00
3. If Line 1 is more than Line 2, subtract and enter underpayment		_____ .00
4. If Line 1 is less than Line 2, subtract and enter overpayment <i>The overpayment will be refunded</i>		_____ .00

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:** () _____

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



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	.00	8	.00	15	.00	22	.00	29	.00
2	.00	9	.00	16	.00	23	.00	30	.00
3	.00	10	.00	17	.00	24	.00	31	.00
4	.00	11	.00	18	.00	25	.00		
5	.00	12	.00	19	.00	26	.00		
6	.00	13	.00	20	.00	27	.00		
7	.00	14	.00	21	.00	28	.00		
I. Total tax required to be withheld for first month of quarter								I.	.00
II. Tax Withheld - Second Month of Quarter									
1	.00	8	.00	15	.00	22	.00	29	.00
2	.00	9	.00	16	.00	23	.00	30	.00
3	.00	10	.00	17	.00	24	.00	31	.00
4	.00	11	.00	18	.00	25	.00		
5	.00	12	.00	19	.00	26	.00		
6	.00	13	.00	20	.00	27	.00		
7	.00	14	.00	21	.00	28	.00		
II. Total tax required to be withheld for second month of quarter								II.	.00
III. Tax Withheld - Third Month of Quarter									
1	.00	8	.00	15	.00	22	.00	29	.00
2	.00	9	.00	16	.00	23	.00	30	.00
3	.00	10	.00	17	.00	24	.00	31	.00
4	.00	11	.00	18	.00	25	.00		
5	.00	12	.00	19	.00	26	.00		
6	.00	13	.00	20	.00	27	.00		
7	.00	14	.00	21	.00	28	.00		
III. Total tax required to be withheld for third month of quarter								III.	.00
IV. Total for Quarter (Add Lines I, II, and III; enter here and on Line 1 on front)								IV.	.00