

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 ❌

Enter Whole U.S. Dollars Only ✅

Do not use brackets for negative numbers

Use a minus sign to show the amount is negative

Enter Whole U.S. Dollars Only ❌

Enter Whole U.S. Dollars Only ✅

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




NC-5Q Quarterly Income Tax Withholding Return

DOR
Use
Only

This return is for semiweekly payers only.

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

- 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

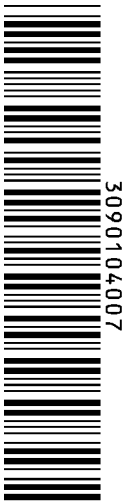
MAIL TO: North Carolina Department of Revenue, Post Office Box 25000, Raleigh, North Carolina 27640-0605

Signature: _____ **Date:** _____

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

Title: _____ **Phone:** _____

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		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.**