

# 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 ☐

▶ 1. 99,999

Enter Whole U.S. Dollars Only ☒

▶ 1. 99999

Do not use brackets for  
negative numbers. Use  
a minus sign to show  
the amount is negative.

Enter Whole U.S. Dollars Only ☐

▶ 1. [99999]

Enter Whole U.S. Dollars Only ☒

▶ 1. -99999

## Printing

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



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

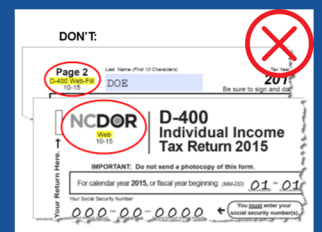


Set the page scaling  
to "none." The Auto-  
Rotate and Center  
checkbox should be unchecked.



## Before Sending...

Do not mix form  
types



Do not submit  
photocopies of  
returns. Submit  
original returns only.



# NC-5Q Quarterly Income Tax Withholding Return

*This return is for semiweekly payers only.*

DOR  
Use  
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**  
(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:

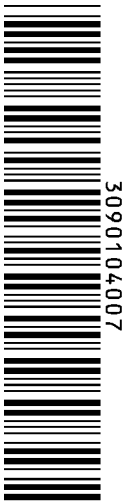
Date:

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.**