

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.

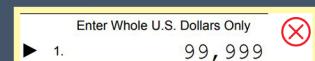


Guidelines

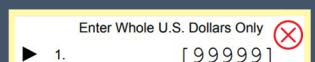
Do not handwrite
any information



Do not use
commas when
entering amounts



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



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.”

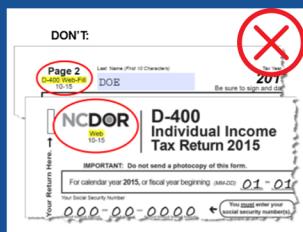


Set the page scaling
to “none.” The Auto-
Rotate and Center
checkbox should
be unchecked.



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.