

Instructions for Handwritten Forms

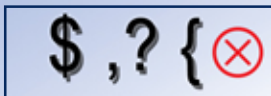
Guidelines



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."



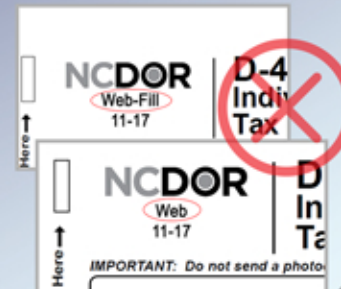
Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.



Instructions for Form NC-5, Withholding Return

General Instructions

An employer must file and pay its withheld taxes based on the filing frequency assigned to them by the Department. The employer must continue using the assigned filing frequency until the Department issues a Notice of Change in Filing Frequency which includes the new filing frequency assigned to the employer. Generally, the new filing frequency is effective January 1 of the following calendar year.

Quarterly Filers - Employers who withhold an average of less than \$250 from wages each month must file Form NC-5 and pay the withheld taxes on a quarterly basis. All quarterly returns and payments are due by the last day of the month following the end of the calendar quarter.

Monthly Filers - Employers who withhold an average of at least \$250 but less than \$2,000 from wages each month must file Form NC-5 and pay the withheld taxes on a monthly basis. All monthly returns and payments, except those for December are due by the 15th day of the month following the month in which the tax was withheld. The return and payment for the month of December are due by January 31.

An employer can file Form NC-5 and pay the withheld taxes online via the Department's Online Filing and Payment System.

Specific Instructions

Indicate the period covered by the return in the blocks provided. Enter the legal name, Account ID, and Federal Employer Identification Number (FEIN) or Social Security Number (SSN). Use capital letters when entering legal name and address.

Line 1 - Enter amount of North Carolina income tax required to be withheld.

Line 2 - A penalty of 5% of the amount required to be withheld is imposed for failure either to withhold or to pay when due. The penalty for failure to timely file a withholding return is 5% of the tax due per month (maximum 25%). In addition, criminal penalties are provided for willful failure to comply with the withholding statutes.

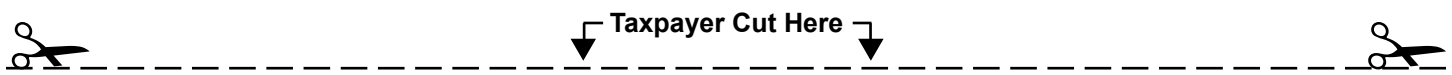
Line 3 - If payment is late, enter the accrued interest. The interest rate is set semiannually by the Secretary of Revenue and is published on the Department's website at www.ncdor.gov.

Line 4 - Enter the total amount due and payable. (Add Lines 1, 2, and 3)

Please do not fold, staple, tape, or paper clip the return or payment.

Use blue or black ink to complete your return.

Make your check or money order payable in U.S. currency to N.C. Department of Revenue.
Cut return on line below and mail it with your payment to the address on the return.



Taxpayer Cut Here

Period Beginning (MM-DD-YY) ____ - ____ - ____	Period Ending (MM-DD-YY) ____ - ____ - ____	Withholding Return North Carolina Department of Revenue	This report must be returned even if no tax has been withheld.										
Account ID _____	FEIN or SSN _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1. Tax Withheld ▶</td> <td style="width: 40%; text-align: right;">_____ .00</td> </tr> <tr> <td>2. Penalty</td> <td style="text-align: right;">_____ .00</td> </tr> <tr> <td>3. Interest</td> <td style="text-align: right;">_____ .00</td> </tr> <tr> <td>4. Total Due \$</td> <td style="text-align: right;">_____ .00</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">(Add Lines 1, 2, and 3)</td> </tr> </table>		1. Tax Withheld ▶	_____ .00	2. Penalty	_____ .00	3. Interest	_____ .00	4. Total Due \$	_____ .00	(Add Lines 1, 2, and 3)	
1. Tax Withheld ▶	_____ .00												
2. Penalty	_____ .00												
3. Interest	_____ .00												
4. Total Due \$	_____ .00												
(Add Lines 1, 2, and 3)													
USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS													
Legal Name (First 23 Characters) _____													
Street Address _____													
City _____	State _____	Zip Code (5 Digit) _____											
Signature: _____	Date: _____	3040106007											
I certify that, to the best of my knowledge, this return is accurate and complete.													
Title: _____	Phone: () _____	NC-5 10-04 Web											
MAIL TO: P.O. Box 25000, Raleigh, NC 27640-0615													