

Staple Check Here. ↑

D-403V Amended Amended Partnership Income Payment Voucher

Instructions for Form D-403V Amended, Amended Partnership Income Payment Voucher

The partnership must use this voucher if: (1) the partnership eFiles its amended return but elects not to pay the tax due using eFile software, or (2) the partnership elects to file its amended return by mail. When using this voucher, follow the instructions below.

1. Complete the voucher below for the partnership.
2. Make the check or money order payable in U.S. dollars to the **NC Department of Revenue**. **Note:** The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
3. Make sure the courtesy box and legal line on the check match.
4. Enter the last four digits of the partnership's FEIN, Tax Year, and "D-403 Amended" on the memo line of the check or money order.
5. Make sure the check or money order is signed.
6. Make sure the check is stapled in the designated area located on the top left corner of the form.
7. Send the completed voucher and the check or money order to the "Mail To" address on the voucher.

Important Reminders

- **Do not** mail the voucher if you submitted an electronic payment.
- **Do not** separate the voucher from the rest of the form.
- **Do not** fold the check.
- **Do not** use a photocopy of the voucher.
- **Do not** use another entity or person's voucher.
- **Do not** send cash.
- **Do not** make any modifications to the voucher.
- **Make sure** an authorized signature appears on the check or money order.
- **Make sure** the correct name, address, daytime phone number, and tax year appear on the voucher and the check or money order.
- **Make sure** the partnership's full FEIN is printed on the voucher and the last four digits of the FEIN appear on the check or money order.

Do not separate the voucher from the rest of the form.

D-403V Amended Amended Partnership Income Payment Voucher

Federal Employer ID Number

Tax Year Beginning (MM-DD-YY)

Tax Year Ending (MM-DD-YY)

Legal Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Street Address

City

State

Zip Code (5 Digit)

Country (If not U.S.)

Contact Person

Phone

Amount Enclosed
\$

Mail To: North Carolina Department of Revenue, P.O. Box 25000, Raleigh, North Carolina 27640-0640