## NCDOR Web 8-19 NC-5Q Quarterly Income Tax Withholding Return

	This return is for semiweekly payers only	DOR Use Only <b>y.</b>
	Date Quarter Ended	<b>Do not send payment with this</b> <b>form.</b> Use Form NC-5PX to pay additional tax and interest.
Business Name and Address	D ADDRESS)	
reet Address	, 	

1. Total tax required to be w (From Line IV on reverse of	
2. Total payments to North	Carolina for quarter
3. If Line 1 is more than Lin and enter underpayment	
4. If Line 1 is less than Line The overpayment will be refu	e 2, subtract and enter overpayment
MAIL TO: North Carolina Depa	rtment of Revenue, Post Office Box 25000, Raleigh, North Carolina 27640-0605
Signature:	Date:
	Phone: ( )

This form must be filed on or before the last day of the month following the close of the quarter.

Account ID

Legal Name (First 10 Characters)

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## **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.

Complete this schedule by entering the N.C. income tax required to be withheld each payday, not payments.											
1	•00	8	•00	15	-00	22	.00	29	.00		
2	<b>.</b> 00	9	<b>.</b> 00	16	<b>.</b> 00	23	-00	30	<b>.</b> 00		
3	.00	10	.00	17	.00	24	.00	31	<b>.</b> 00		
4	<b>.</b> 00	11	<b>.</b> 00	18	.00	25	.00				
5	.00	12	.00	19	.00	26	.00				
6	<b>.</b> 00	13	<b>.</b> 00	20	.00	27	.00				
7	.00	14	.00	21	.00	28	.00				
Ι. Τ	otal tax required to	be	withheld for first mo	onth	of quarter			١.	<b>.</b> 00		
			II. Tax Withh	eld	- Second Month	of	Quarter				
1	<b>.</b> 00	8	•00	15	•00	22	.00	29	<b>.</b> 00		
2	<b>.</b> 00	9	<b>.</b> 00	16	.00	23	.00	30	.00		
3	-00	10	<b>.</b> 00	17	-00	24	<b>.</b> 00	31	<b>.</b> 00		
4	-00	11	.00	18	.00	25	.00				
5	<b>.</b> 00	12	.00	19	.00	26	.00				
6	-00	13	-00	20	.00	27	<b>.</b> 00				
7	<b>.</b> 00	14	.00	21	.00	28	.00				
II. 1	otal tax required to	be	withheld for secon	d me	onth of quarter			п.	<b>-</b> 00		
			III. Tax Witl	he	ld - Third Month	of	Quarter				
1	-00	8	-00	15	-00	22	•00	29	<b>-</b> 00		
2	<b>.</b> 00	9	.00	16	<b>.</b> 00	23	<b>.</b> 00	30	<b>.</b> 00		
3	-00	10	<b>.</b> 00	17	•00	24	<b>.</b> 00	31	<b>.</b> 00		
4	<b>.</b> 00	11	<b>.</b> 00	18	<b>.</b> 00	25	.00				
5	-00	12	<b>.</b> 00	19	<b>.</b> 00	26	.00				
6	.00	13	.00	20	.00	27	.00				
7	.00	14	.00	21	.00	28	<b>.</b> 00				
III.	III. Total tax required to be withheld for third month of quarter								<b>.</b> 00		
IV. Total for Quarter (Add Lines I, II, and III; enter here and on Line 1 on front)								IV.	.00		