

NC-3 (SD)
8-15-18

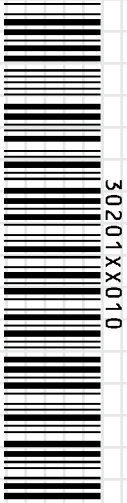
Annual Withholding Reconciliation

North Carolina Department of Revenue

DOR
Use
Only

ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLM ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLM ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHI ABCDEFGHIJKLMNOPQRST NC 12345	Account ID 999123456 FEIN or SSN 999123456 For Calendar Year 1999
If your business closed or if you stopped paying wages during the calendar year, enter the final date you paid wages:	12 19 1999

Enter total tax withheld as reported to the Department for each period



Month	Amount	Month	Amount
1. January	1. 12345678.01	7. July	7. 12345678.01
2. February	2. 12345678.01	8. August	8. 12345678.01
3. March	3. 12345678.01	9. September	9. 12345678.01
4. April	4. 12345678.01	10. October	10. 12345678.01
5. May	5. 12345678.01	11. November	11. 12345678.01
6. June	6. 12345678.01	12. December	12. 12345678.01
13. Total Tax Withheld as Reported to the Department	13. 123456789.01		
14. Tax Withheld as Reported on W-2 Statements	14. 123456789.01		
15. Tax Withheld as Reported on 1099 Statements	15. 123456789.01		

16. Total Tax Withheld as Reported to the Department	16. 123456789.01
17. Total Tax Withheld as Reported on W-2 and 1099 Statements	17. 123456789.01

Compare Line 16 and Line 17. If Line 16 and Line 17 are the same, skip to Line 21. If Line 16 is more than Line 17, the account is **overpaid**. Subtract Line 17 from Line 16 and enter the amount of overpayment on Line 18. If Line 16 is less than Line 17, the account is **underpaid**. Subtract Line 16 from Line 17 and enter the amount of tax due on Line 19.

18. Overpayment	18. 123456789.01
19. Additional Tax Due	19. 123456789.01
20. Interest	20. 123456789.01
21. Informational Return Penalties	
a. Failure to File by Due Date	21a. 1234.56
b. Failure to File in Format Prescribed by the Secretary	21b. 123.46
c. Add Lines 21a and 21b and enter the total on Line 21c	21c. 1234.56
22. Amount of Refund Requested	22. 123456789.01
23. Total Amount Due - Pay in U.S. Currency From a Domestic Bank	23. 123456789.01

Signature: _____	Title: _____	Date: _____
I certify that, to the best of my knowledge, this return is accurate and complete.		

North Carolina law requires Form NC-3 and the required statements to be filed in an electronic format as prescribed by the Department. Electronic filing and payment methods are available through the Department's website at www.ncdor.gov. If you are unable to file Form NC-3 and the required statements electronically, mail this form and the required statements with your check or money order to: North Carolina Department of Revenue, PO Box 25000, Raleigh, North Carolina 27640-0001. You will be subject to a penalty for failure to file the form and required statements electronically.