

D-400 Individual Income Tax Return 2016

AMENDED RETURN

Fill in circle. (See instructions.)

IMPORTANT: Do not send a photocopy of this form.

For calendar year **2016**, or fiscal year beginning (MM-DD) _____ - _____ - **16** and ending (MM-DD-YY) _____ - _____ - _____

Your Social Security Number _____

Spouse's Social Security Number _____

You must enter your social security number(s).

Your First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) _____ M.I. _____

Your Last Name _____

If a Joint Return, Spouse's First Name _____ M.I. _____

Spouse's Last Name _____

Mailing Address _____

Apartment Number _____

City _____

State _____

Zip Code _____

Country (If not U.S.) _____

County (Enter first five letters) _____

N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ _____. To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. See instructions for information about the Fund.

Fill in circle if you or, if married filing jointly, your spouse were out of the country on April 15 and a U.S. citizen or resident.

Deceased Taxpayer Information

Enter date of death of deceased taxpayer or deceased spouse.

Fill in circle if return is filed and signed by Executor, Administrator or Court-Appointed Personal Representative.

Taxpayer (MM-DD-YY) _____

Spouse (MM-DD-YY) _____

Residency Status

Were you a resident of N.C. for the entire year of 2016? Yes No

Was your spouse a resident for the entire year? Yes No

If **No**, complete Lines 1 through 12. Then go to Part D of Schedule S. Fill in residency information and complete Lines 24 through 26.

Did you claim the standard deduction on your 2016 federal return? Yes No

Veteran Information

Are you a veteran? Yes No

Is your spouse a veteran? Yes No

(See Instructions.)

- Filing Status**
- Single** Fill in one circle only. (See instructions.) **Print in Black or Blue Ink Only. No Pencil or Red Ink.**
 - Married Filing Jointly**
 - Married Filing Separately** → (Enter your spouse's full name and Social Security Number.) Name _____ SSN _____
 - Head of Household**
 - Qualifying Widow(er) with Dependent Child** (Year spouse died: _____) Enter Whole U.S. Dollars Only

6. Adjusted gross income from your federal return (If negative, see instructions.)

If amount on Line 6, 8, 10, 12, or 14 is negative, fill in circle.

Example: ●

▶ 6. _____ .00

7. Additions to federal adjusted gross income (From Line 6 of Form D-400 Schedule S, Part A)

▶ 7. _____ .00

8. Add Lines 6 and 7.

▶ 8. _____ .00

9. Deductions from federal adjusted gross income (From Line 14 of Form D-400 Schedule S, Part B)

▶ 9. _____ .00

10. Subtract Line 9 from Line 8.

▶ 10. _____ .00

11. N.C. standard deduction OR N.C. itemized deductions

Fill in one circle only. (If itemizing, complete Part C of Form D-400 Schedule S, and enter the amount from Line 23.)

▶ 11. _____ .00

12. Subtract Line 11 from Line 10.

▶ 12. _____ .00

13. Part-year residents and nonresidents (From Line 26 of Form D-400 Schedule S, Part D)

▶ 13. _____

14. North Carolina Taxable Income Full-year residents enter the amount from Line 12. Part-year residents and nonresidents multiply amount on Line 12 by the decimal amount on Line 13.

▶ 14. _____ .00

15. North Carolina Income Tax To calculate your tax, multiply Line 14 by 5.75% (0.0575). If Line 14 is negative, enter -0- on Line 15.

▶ 15. _____ .00



Staple All Pages of Your Return Here. ↑

Staple W-2s Here. ↑

Be sure to sign and date your return below.

16. Tax Credits (From Form D-400TC, Part 3, Line 20 - **You must attach Form D-400TC if you enter an amount on this line.**) ▶ 16. _____ .00

17. Subtract Line 16 from Line 15. ▶ 17. _____ .00

18. Consumer Use Tax (See instructions.) ▶ 18. _____ .00

If you certify that no Consumer Use Tax is due, fill in circle.

19. Add Lines 17 and 18. ▶ 19. _____ .00

20. North Carolina Income Tax Withheld

<p>a. Your tax withheld ▶ _____ .00</p>	<p>b. Spouse's tax withheld ▶ _____ .00</p>
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21. Other Tax Payments

<p>a. 2016 estimated tax ▶ _____ .00</p>	<p>b. Paid with extension ▶ _____ .00</p>
<p>c. Partnership ▶ _____ .00</p>	<p>d. S Corporation ▶ _____ .00</p>

If you claim a partnership payment on Line 21c or S corporation payment on Line 21d, you must attach a copy of the NC K-1.

22. Amended Returns Only - Previous payments (See Amended Returns in instructions.) ▶ 22. _____ .00

23. Total Payments - Add Lines 20a through 22. ▶ 23. _____ .00

24. Amended Returns Only - Previous refunds (See Amended Returns in instructions.) ▶ 24. _____ .00

If amount on Line 25 is negative, fill in circle.
Example:

25. Subtract Line 24 from Line 23. ▶ 25. _____ .00

26. a. Tax Due - If Line 19 is more than Line 25, subtract Line 25 from Line 19. (If Line 25 is negative, see instructions.) ▶ 26a. _____ .00

<p>b. Penalties ▶ _____ .00</p>	<p>c. Interest ▶ _____ .00</p>
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(Add Lines 26b and 26c and enter the total on Line 26d.)

e. Interest on the underpayment of estimated income tax (See instructions and enter letter in box, if applicable.) ▶ 26e. _____ .00

27. Add Lines 26a, 26d, and 26e. **Pay This Amount - You can pay online. See instructions.** ▶ 27. \$ _____ .00

Exception to underpayment of estimated tax

28. Overpayment - If Line 19 is less than Line 25, subtract Line 19 from Line 25. ▶ 28. _____ .00

When filing an amended return, see instructions.

29. Amount of Line 28 to be applied to 2017 Estimated Income Tax ▶ 29. _____ .00

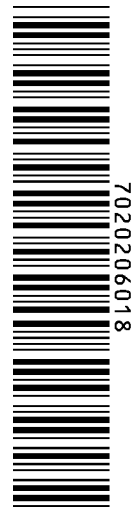
30. Contribution to the N.C. Nongame and Endangered Wildlife Fund ▶ 30. _____ .00

31. Contribution of overpayment to the N.C. Education Endowment Fund ▶ 31. _____ .00

32. Add Lines 29, 30, and 31. ▶ 32. _____ .00

33. Subtract Line 32 from Line 28. This is the **Amount To Be Refunded.** ▶ 33. _____ .00

For direct deposit, file electronically.



Sign Here

I certify that, to the best of my knowledge, this return is accurate and complete.

Your Signature Date

Spouse's Signature (If filing joint return, both must sign.) Date

Home Telephone Number (Include area code.)

If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.

Paid Preparer's Signature Date

Preparer's FEIN, SSN, or PTIN ▶ _____

Preparer's Telephone Number (Include area code.)