

D-407 (SD)

2022 Estates and Trusts Income Tax Return

8-16-22

North Carolina Department of Revenue

DOR Use Only

For calendar year 2022 or [] fiscal year beginning 12 19 22 and ending 12 19 99

ABCDEFGHIJKLMN... 12345 ABCDE NC 12345-1234 ABCDE

Federal Employer ID Number: 999123456

[X] Administrator [] Executor [] Other

Filing Information: [X] Initial Return [X] Final Return [] Qualified Funeral Trust [] ESBT Income [] Amended Return [] Entity has Nonresident [] NC-PE attached

Estate Information: Date of Decedent's Death 12 19 99 [X] Check box if final distribution of assets

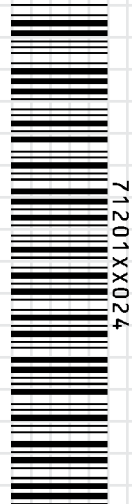
Trust Information: Date Trust Created 12 19 99 made during the tax year.

Name and Address of Grantor ABCDEFGHIJKLMN... ABCDEFGHIJKLMN AB 12345 ABCDEFGHIJKLMN

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 \$ 1234567890. To designate your overpayment to the Fund, enter the amount of your designation on Line 16. See instructions for information about the Fund.

Federal Extension Was the entity granted an automatic extension to file its 2022 federal income tax return (Form 1041)? Yes [X] No []

ABCD ABCD 12345 IR A AR A FR A NRB A QFT A PE A
ABCDEFGHIJKLMN... 999123456 ESBT A
ABCDEFGHIJKLMN... FDA A FDEXT Y
ABCDEFGHIJKLMN... 12345 11 1234567890
ABCDEFGHIJKLMN... AB 12345-1234 12A 123456
01 -1234567890 09A 1234567890 12B 123456
02 1234567890 09B 1234567890 13 1234567890
04 1234567890 09C 1234567890 15 1234567890
06 -1234567890 09D 1234567890 16 1234567890
08 1234567890 09E -1234567890 17 1234567890



Sign Return Below [] Refund Due 1234567890 [] Payment Due 1234567890

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

Signature of Fiduciary Representing Estate or Trust Date Contact Phone Number (Include area code)

[] Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.

I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature of Preparer Other Than Fiduciary Date Preparer's Contact Phone Number (Include area code)

Address

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

Computation of Income Tax Due or Refund

1. Federal Taxable Income including ESBT Income	1.-1234567890
2. Additions to Federal Taxable Income	2. 1234567890
3. Add Lines 1 and 2	3.-1234567890
4. Deductions from Federal Taxable Income	4. 1234567890
5. Subtract Line 4 from Line 3	5.-1234567890
6. Income Not Taxable to North Carolina	6.-1234567890
7. North Carolina Taxable Income	7.-1234567890
8. N.C. Income Tax	8. 1234567890
9. Credits and Payments	
a. Tax Credits	9a. 1234567890
b. Tax Paid with Extension	9b. 1234567890
c. Tax Paid by Partnerships or S Corporations	9c. 1234567890
d. North Carolina Tax Withheld Reported on Form 1099	9d. 1234567890
e. Other Payments	9e.-1234567890
10. Add Lines 9a through 9e	10. 1234567890
11. Tax Due	11. 1234567890
12. a. Penalties	12a. 123456
b. Interest	12b. 123456
c. Total	12c. 1234567890
13. Amount Due (Add Lines 11 and 12c) Pay in U.S. Currency from a Domestic Bank.	13. 1234567890
14. Overpayment	14. 1234567890
15. Amount of Line 14 contributed to N.C. Nongame and Endangered Wildlife Fund	15. 1234567890
16. Amount of Line 14 contributed to N.C. Education Endowment Fund	16. 1234567890
17. Amount to be Refunded	17. 1234567890

Schedule A. Apportionment of Income and Adjustments

Important: If more than three beneficiaries, include separate schedule for additional beneficiaries.

	Fiduciary	Beneficiary 1	Beneficiary 2	Beneficiary 3
1. Identifying Number	123456789	123456789	123456789	123456789
2. Name	ABCDEFGHIJKLMNO	ABCDEFGHIJKLMNO	ABCDEFGHIJKLMNO	ABCDEFGHIJKLMNO
	ABCDEFGHIJKLMNO	ABCDEFGHIJKLMNO	ABCDEFGHIJKLMNO	ABCDEFGHIJKLMNO
3. Net N.C. Source Income		1234567890	1234567890	1234567890
4. Additions	1234567890	1234567890	1234567890	1234567890
5. Deductions	1234567890	1234567890	1234567890	1234567890

Important:

The fiduciary must provide each beneficiary a Form NC K-1 for Form D-407 and any other information necessary for the beneficiary to prepare the appropriate N.C. tax return.

Schedule B. Income Not Taxable to North Carolina

	Amount
1. Intangible income for the Benefit of Nonresident Beneficiaries	1234567890
2. Income for the Benefit of Nonresident Beneficiaries from Sources Other than North Carolina	1234567890
3. Intangible income for the Benefit of Resident Beneficiaries	1234567890
4. Income for the Benefit of Resident Beneficiaries from Sources Other than North Carolina	1234567890
5. Total	1234567890

Explanation of changes for Amended Return (Attach additional sheets if necessary)

XX
 XXX
 XXX
 XXX
 XXX
 XXX
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 XXX
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