

D-400 Individual Income Tax Return

2023

DOR Use Only

AMENDED RETURN Fill in circle (See instructions)

IMPORTANT: Do not send a photocopy of this form. Print in Black or Blue Ink Only. No Pencil or Red Ink.

For calendar year 2023, or fiscal year beginning (MM-DD) - - 23 and ending (MM-DD-YY) - - - -

Your Social Security Number Spouse's Social Security Number You must enter your social security number(s)

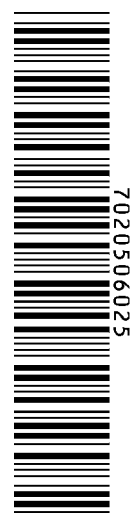
Personal information fields: Your First Name, M.I., Your Last Name, Spouse's First Name, M.I., Spouse's Last Name, Mailing Address, Apartment Number, City, State, Zip Code, Country, County.

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.

Qualification questions: Out of Country, Deceased Taxpayer Information, Residency Status, Veteran Information, Federal Extension.

Filing Status (Fill in one circle only): 1. Single, 2. Married Filing Jointly, 3. Married Filing Separately, 4. Head of Household, 5. Qualifying Widow(er).

Main calculation lines: 6. Federal Adjusted Gross Income, 7. Additions to Federal Adjusted Gross Income, 8. Add Lines 6 and 7, 9. Deductions From Federal Adjusted Gross Income, 10. Child Deduction, 11. N.C. Standard Deduction OR N.C. Itemized Deductions, 12. a. Add Lines 9, 10b, and 11; b. Subtract Line 12a from Line 8, 13. Part-year Residents and Nonresidents Taxable Percentage, 14. North Carolina Taxable Income, 15. North Carolina Income Tax.



Staple All Pages of Your Return Here

Staple W-2s Here

16. Tax Credits (From Form D-400TC, Part 3, Line 20) 16. _____ .00

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

18. Consumer Use Tax (See instructions) If you certify that no Consumer Use Tax is due, fill in circle. 18. _____ .00

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

20. North Carolina Income Tax Withheld
a. Your tax withheld _____ .00
b. Spouse's tax withheld _____ .00

21. Other Tax Payments
a. 2023 estimated tax _____ .00
b. Paid with extension _____ .00
c. Partnership _____ .00
d. S Corporation _____ .00

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. Additional Payments (Amended Returns Only. See instructions) 22. _____ .00

23. Add Lines 20a through 22 23. _____ .00

24. Previous Refunds (Amended Returns Only. See instructions) 24. _____ .00

25. Subtract Line 24 from Line 23. (If less than zero, see instructions.) 25. _____ .00

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

26. a. Tax Due - If Line 25 is less than Line 19, subtract Line 25 from Line 19. Otherwise, go to Line 28. 26a. _____ .00

b. Penalties _____ .00
c. Interest _____ .00
(Add Lines 26b and 26c and enter the total on Line 26d.)
26d. _____ .00

e. Interest on the Underpayment of Estimated Income Tax (See instructions and enter letter in box, if applicable.) Exception to Underpayment of Estimated Tax 26e. _____ .00

27. Amount Due - Add Lines 26a, 26d, and 26e Pay in U.S. Currency from a Domestic Bank - You can pay online at www.ncdor.gov. 27. \$ _____ .00

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

29. Amount of Line 28 to be applied to 2024 Estimated Income Tax 29. _____ .00

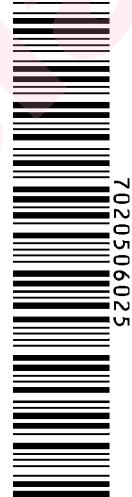
30. Contribution to the N.C. Nongame and Endangered Wildlife Fund 30. _____ .00

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

32. Contribution to the N.C. Breast and Cervical Cancer Control Program 32. _____ .00

33. Add Lines 29 through 32 33. _____ .00

34. Subtract Line 33 from Line 28. This is the Amount To Be Refunded For direct deposit, file electronically 34. _____ .00



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.

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

PAID PREPARER USE ONLY
If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.
Preparer's FEIN, SSN, or PTIN _____ Preparer's Contact Phone Number (Include area code) _____
Paid Preparer's Signature _____ Date _____