

DOR
Use
Only

For calendar year 1234 or other tax year beginning 12 45 18 and ending 12 45 78

ALEXANDERX15MAX K MCALLISTERXXXXX20MAX SSN 900123456
 MICHELLEXX15MAX Q MCALLISTERXXXXX20MAX Spouse's SSN 900123456

Select box if there is a change in mailing address.

5121 VALDEZ CTXXXXXXXXXXXXXXXXXX35MAX 11056
 RALEIGHXXXXXXXXX20MAX NC 27605 FRNCOUNTRY WAKEX

Reason(s) for Amending Your Return

Federal audit change (Attach federal audit report)
 Additional Income (Include W-2, 1099, or K-1)
 Adjustments to D-400 Schedule S (Attach schedule and any supporting documentation)
 Adjustments to D-400 Schedule PN (Attach schedule and any supporting documentation)
 Tax Credits (Attach Form D-400TC)
 Filing Status (Note: You cannot change from joint to separate returns after the due date of the original return)
 Change in Social Security Number or ITIN (SSN or ITIN on original return 123456789)
 Military spouse residency election pursuant to Veterans Benefits and Transition Act
 Original return has previously been audited by the Department
 Net operating loss (Include copy of your federal form 1045, including Schedules A and B)
 Injured/innocent spouse
 Tax Treaties
 Other

Explanation of Changes

Describe in detail the reason(s) for amending your return. Attach all supporting forms and schedules for the items changed. Be sure to include your name and social security number on any attachments. If the changes are also applicable to your federal return, include a copy of **Federal Form 1040X**. If there was a change to wages or State withholding, be sure to include corrected Forms W-2 or 1099. **Important:** When filing an amended North Carolina individual income tax return, complete Form D-400 for the taxable year you are amending and fill in the "Amended Return" circle located at the top right of the form. Attach this schedule, along with all supporting forms and schedules, to the front page of the amended D-400. **Refunds will not be processed without a complete explanation of changes and required attachments.**

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Mail this form, amended Form D-400, all required schedules, supporting forms, and, if applicable, payment for the amount shown due on Form D-400, Line 27 and Form D-400V Amended to:
 N.C. DEPARTMENT OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640