



D-400 2020 Individual Income Tax Return

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 **2020**, or fiscal year beginning (MM-DD) --**20** and ending (MM-DD-YY) --

Your Social Security Number

You must enter your social security number(s)

Spouse's Social Security Number

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.)

Out of Country Fill in circle if you, or if married filing jointly, your spouse were out of the country on April 15, 2021, 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?

Yes No

Was your spouse a resident for the entire year?

Yes No

If No, complete and attach Form D-400 Schedule PN.

Veteran Information

Are you a veteran?

Yes No

Is your spouse a veteran?

Yes No

Federal Extension

Were you granted an automatic extension to file your 2020 federal income tax return (Form 1040)?

Yes No

Filing Status
(Fill in one circle only)

1. Single

2. Married Filing Jointly

3. Married Filing Separately \rightarrow (Enter your spouse's full name and Social Security Number)

Name

SSN

4. Head of Household

5. Qualifying Widow(er) (Year spouse died: _____)

6. Federal Adjusted Gross Income

7. Additions to Federal Adjusted Gross Income (From Form D-400 Schedule S, Part A, Line 17)

8. Add Lines 6 and 7

9. Deductions From Federal Adjusted Gross Income (From Form D-400 Schedule S, Part B, Line 33)

10. **Child Deduction** (On Line 10a, enter the number of qualifying children for whom you were allowed a federal child tax credit. On Line 10b, enter the amount of the child deduction. See instructions.)

11. N.C. Standard Deduction OR N.C. Itemized Deductions (Fill in one circle only. See Form D-400 Schedule A.)

12. a. Add Lines 9, 10b, and 11. , , .00

12b. Subtract the amount on Line 12a from Line 8. , , .00

13. **Part-year Residents and Nonresidents Taxable Percentage** (From Form D-400 Schedule PN, Line 24. Enter amount as decimal.)

14. **North Carolina Taxable Income**

Full-year residents enter the amount from Line 12b.

Part-year residents and nonresidents multiply amount on Line 12b by the decimal amount on Line 13.

15. **North Carolina Income Tax** Multiply Line 14 by 5.25% (0.0525). If zero or less, enter a zero.

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

Enter Whole U.S. Dollars Only

6. , , .00

7. , , .00

8. , , .00

9. , , .00

10a. \blacktriangleright 10b. , , .00

11. , , .00

12. , , .00

13. .

14. , , .00

15. , , .00

2020



7020108022

Staple All Pages of Your Return Here \rightarrow

Staple W-2s Here \rightarrow

10-digit last name input field

9-digit social security number input field

16. Tax Credits (From Form D-400TC, Part 3, Line 19)

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. 2020 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. 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

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

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

25. [][][][] .00

26. a. Tax Due - If Line 19 is more than Line 25, 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. Total 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 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 2021 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

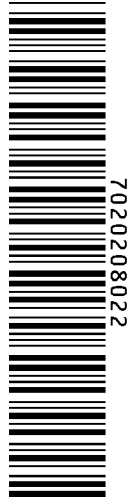
33. Add Lines 29 through 32

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. []

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 _____

[][][][] - [][][] - [][][][]

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001

If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640