

D-400 (SD) 8-10-20 **2020 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

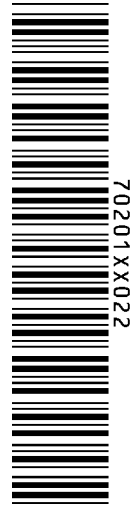
North Carolina Department of Revenue

Amended Return

DOR
Use
Only

For calendar year 2020, or fiscal year beginning 12 19 20 and ending 12 19 78		Are you a veteran? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
ALEXANDERX15MAX K & MICHELLEXX15MAX Q MCALLISTERXXXXX20MAX 5121 VALDEZ COURT 11056 RALEIGH NC 27605 WAKE FRNCOUNTRY		Is your spouse a veteran? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Your SSN: 900123456 Spouse's SSN: 900123456		Were you granted an automatic extension to file your 2020 federal income tax return (Form 1040)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Filing Status	<input type="checkbox"/> 1. Single <input checked="" type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)	Year spouse died: 1999
Were you a resident of N.C. for the entire year?	Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/> Return for deceased taxpayer.	Date of death: 12 19 78
Was your spouse a resident for the entire year?	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Return for deceased spouse.	Date of death: 12 19 78
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 \$ 12345678. 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.)		
<input type="checkbox"/> Select box 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.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

FS	2	PP	Y	DT	Y	OC	N	TPRES	Y	SPRES	Y	VT	Y	SVT	Y
ABCD	ABCD	12345	DS	N	EA	N	TD	12 19 78	SD	12 19 78	FDEXT	Y			
ALEXANDERX15MAX	K	MCALLISTERXXXXX20MAX	900123456	WAKEX											
MICHELLEXX15MAX	Q	MCALLISTERXXXXX20MAX	900123456	NC	27605										
5121 VALDEZ CTXXXXXXXXXXXXXXXXXXXX35MAX	11056	RALEIGHXXXXXXXXXX20MAX													
06	-12345678	16	12345678	26C	123456										
07	12345678	18	N	12345678	26E	12345678									
09	12345678	20A	12345678	EU	F										
10A	12	20B	12345678	27	12345678										
10B	12345	21A	12345678	29	12345678										
11	S Y I Y	21B	12345678	30	12345678										
11	12345678	21C	12345678	31	12345678										
13	13456	21D	12345678	32	12345678										
14	-12345678	26A	12345678	34	12345678										
15	12345678	26B	123456												
TN	1234567890	PN	1234567890	PP	A12345678										



Sign Return Below <input type="checkbox"/>		Refund Due 12345678 <input type="checkbox"/>		Payment Due 12346578 <input type="checkbox"/>	
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.				<input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.	
Your Signature _____		Date _____		Spouse's Signature (If filing joint return, both must sign.) _____	
				Date _____	
Contact Phone No. (Include area code) _____					
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.					
Paid Preparer's Signature _____		Date _____		Preparer's Contact Phone Number (Include area code) _____	
				Preparer's FEIN, SSN, or PTIN _____	
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					

D-400 Line-by-Line Information

6.	Federal Adjusted Gross Income	6.	-12345678
7.	Additions to Federal Adjusted Gross Income	7.	12345678
8.	Add Lines 6 and 7	8.	-12345678
9.	Deductions From Federal Adjusted Gross Income	9.	12345678
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	12
	b. Enter the amount of the child deduction	10b.	12345
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	Y
11.	Deduction amount	11.	12345678
12.	a. Add Lines 9, 10b, and 11	12a.	12345678
	b. Subtract amount on Line 12a from Line 8	12b.	-12345678
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	1.3456
14.	N.C. Taxable Income	14.	-12345678
15.	N.C. Income Tax	15.	12345678
16.	Tax Credits	16.	12345678
17.	Subtract Line 16 from Line 15	17.	12345678
18.	Consumer Use Tax	18.	12345678
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	12345678

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	12345678
20b.	Spouse's tax withheld	20b.	12345678

Other Tax Payments

21a.	2020 estimated tax	21a.	12345678
21b.	Paid with extension	21b.	12345678
21c.	Partnership	21c.	12345678
21d.	S Corporation	21d.	12345678
22.	Amended Returns Only - Previous payments	22.	12345678
23.	Total Payments	23.	12345678
24.	Amended Returns Only - Previous refunds	24.	12345678
25.	Subtract Line 24 from Line 23	25.	-12345678
26a.	Tax Due	26a.	12345678
26b.	Penalties	26b.	123456
26c.	Interest	26c.	123456
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	12345678
EU	Exception to Underpayment of Estimated Tax	EU	F
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	12345678
27.	Pay this Amount	27.	12345678
28.	Overpayment	28.	12345678

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2021 Estimated Income Tax	29.	12345678
30.	N.C. Nongame and Endangered Wildlife Fund	30.	12345678
31.	N.C. Education Endowment Fund	31.	12345678
32.	N.C. Breast and Cervical Cancer Control Program	32.	12345678
33.	Add Lines 29 through 32	33.	12345678
34.	Amount to be Refunded	34.	12345678