



# D-400 2021 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 **2021**, or fiscal year beginning (MM-DD)  -  - **21** 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.

         

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, 2022, 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

Yes  No

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

Was your spouse a resident for the entire year?  Yes  No

Yes  No

**Veteran Information**

Are you a veteran?  Yes  No

Yes  No

Is your spouse a veteran?  Yes  No

Yes  No

**Federal Extension**

Were you granted an automatic extension to file your 2021 federal income tax return, e.g., Form 1040?  Yes  No

**Filing Status**  
(Fill in one circle only)

1.  **Single**

2.  **Married Filing Jointly**

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

Name

4.  **Head of Household**

SSN

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

Enter Whole U.S. Dollars Only

6. **Federal Adjusted Gross Income**



6.  , ,  **.00**

7. **Additions to Federal Adjusted Gross Income**  
(From Form D-400 Schedule S, Part A, Line 15)



7. , ,  **.00**

8. **Add Lines 6 and 7**



8.  , ,  **.00**

9. **Deductions From Federal Adjusted Gross Income**  
(From Form D-400 Schedule S, Part B, Line 38)



9. , ,  **.00**

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.)



10a.  ▶ 10b. , ,  **.00**

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



11. , ,  **.00**

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.)



13.  **.**

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.



14.  , ,  **.00**

15. **North Carolina Income Tax**

Multiply Line 14 by 5.25% (0.0525). If zero or less, enter a zero.



15. , ,  **.00**

2021



7020108023

Staple All Pages of Your Return Here →

Staple W-2s Here →

[Redacted last name box]

[Redacted social security number box]

**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** ▶ [ ] , [ ] , [ ] .00

**21. Other Tax Payments**

- a. Your tax withheld ▶ [ ] , [ ] , [ ] .00
- b. Spouse's tax withheld ▶ [ ] , [ ] , [ ] .00
- a. 2021 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.) ▶ 25.  [ ] , [ ] , [ ] .00

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

**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.)

**e. Interest on the Underpayment of Estimated Income Tax** (See instructions and enter letter in box, if applicable.) ▶ [ ]

**Exception to Underpayment of Estimated Tax**

**27. Total Due** - Add Lines 26a, 26d, and 26e ▶ 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 2022 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 ▶ 34. [ ] , [ ] , [ ] .00

*For direct deposit, file electronically*

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) ▶ [ ] - [ ] - [ ]

\_\_\_\_\_ 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