

# Instructions for Web Fill-In Forms

## Getting Started

Save the PDF to your computer



Use the latest version of Adobe Acrobat Reader to complete the form



## Guidelines

Do not handwrite any information



Do not use commas when entering amounts

Enter Whole U.S. Dollars Only

1. 99,999.00

Enter Whole U.S. Dollars Only

1. 99999.00

Do not use brackets for negative numbers

Use a minus sign to show the amount is negative

Enter Whole U.S. Dollars Only

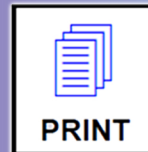
1. [99999.00]

Enter Whole U.S. Dollars Only

1. -99999.00

## Printing

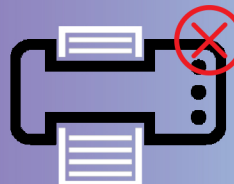
Use the print icon on the form to ensure you have completed all required fields



Before printing, select "actual size"

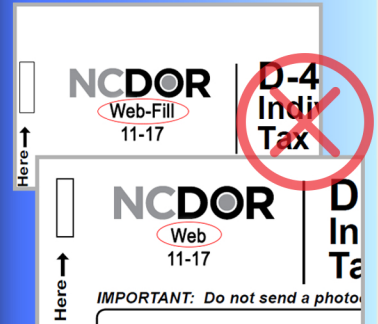


Do not select "print both sides of the paper"



## Before Mailing

Do not mix form types



Do not submit photocopies of returns

Submit originals only



# D-400 Individual Income Tax Return 2017

**AMENDED RETURN**  
Fill in circle (See instructions)

**IMPORTANT: Do not send a photocopy of this form.**

For calendar year **2017**, or fiscal year beginning (MM-DD-YY) \_\_\_\_\_ and ending (MM-DD-YY) \_\_\_\_\_

Your Social Security Number \_\_\_\_\_ Spouse's Social Security Number \_\_\_\_\_

← You **must** enter your social security number(s) →

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.

Fill in circle if you or, if married filing jointly, your spouse were out of the country on April 15 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 of 2017?  Yes  No *If No, you must complete and attach Form D-400 Schedule PN.*  
Was your spouse a resident for the entire year?  Yes  No

Did you claim the standard deduction on your 2017 federal return?  Yes  No

**Filing Status** (Fill in one circle only) **Veteran Information** Are you a veteran?  Yes  No  
Is your spouse a veteran?  Yes  No (See Instructions)

1.  **Single**

2.  **Married Filing Jointly**

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

4.  **Head of Household**

5.  **Qualifying Widow(er)** (Year spouse died: \_\_\_\_\_) Enter Whole U.S. Dollars Only

6. **Federal adjusted gross income** ▶ 6.

7. **Additions to federal adjusted gross income** ▶ 7.  
(From Form D-400 Schedule S, Part A, Line 6)

8. **Add Lines 6 and 7** ▶ 8.

9. **Deductions from federal adjusted gross income** ▶ 9.  
(From Form D-400 Schedule S, Part B, Line 14)

10. **Subtract Line 9 from Line 8** ▶ 10.

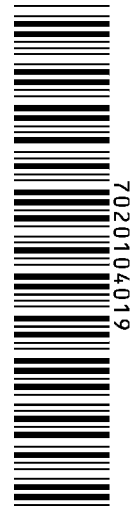
11.  **N.C. standard deduction** OR  **N.C. itemized deductions** ▶ 11.  
(Fill in one circle only. See Form D-400 Schedule S, Part C.)

12. **Subtract Line 11 from Line 10** ▶ 12.

13. **Part-year residents and nonresidents taxable percentage** ▶ 13.  
(From Form D-400 Schedule PN, Line 24. Enter amount as decimal)

14. **North Carolina Taxable Income** ▶ 14.  
**Full-year residents** enter the amount from Line 12.  
**Part-year residents and nonresidents** multiply amount on Line 12 by the decimal amount on Line 13.

15. **North Carolina Income Tax** ▶ 15.  
To calculate your tax, multiply Line 14 by 5.499% (0.05499). If Line 14 is negative, enter -0- on Line 15.



Staple All Pages of Your Return Here →

Staple W-2s Here →

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

17. Subtract Line 16 from Line 15 ▶ 17.

18. Consumer Use Tax (See instructions) ▶ 18.

If you certify that no Consumer Use Tax is due, fill in circle. ▶

19. Add Lines 17 and 18 ▶ 19.

20. North Carolina Income Tax Withheld ▶ a. Your tax withheld

b. Spouse's tax withheld ▶

21. Other Tax Payments ▶ a. 2017 estimated tax

b. Paid with extension ▶

c. Partnership ▶

d. S Corporation ▶

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.

23. Total Payments - Add Lines 20a through 22 ▶ 23.

24. Amended Returns Only - Previous refunds (See "Amended Returns" in instructions) ▶ 24.

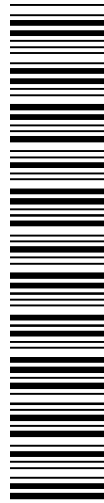
25. Subtract Line 24 from Line 23 ▶ 25.

26. a. Tax Due - If Line 19 is more than Line 25, subtract Line 25 from Line 19. (If Line 25 is negative, see instructions.) ▶ 26a.

b. Penalties ▶

c. Interest ▶

(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. Add Lines 26a, 26d, and 26e ▶ 27. \$

Pay This Amount - You can pay online. See instructions.

28. Overpayment - If Line 19 is less than Line 25, subtract Line 19 from Line 25. ▶ 28.

When filing an amended return, see instructions.

29. Amount of Line 28 to be applied to 2018 Estimated Income Tax ▶ 29.

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

31. Contribution to the N.C. Education Endowment Fund ▶ 31.

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

33. Add Lines 29 through 32 ▶ 33.

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

Sign Here

I certify that, to the best of my knowledge, this return is accurate and complete.

If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Paid Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Preparer's FEIN, SSN, or PTIN ▶

Home Telephone Number (Include area code) ▶

Preparer's Telephone Number (Include area code) ▶

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

FOR ORIGINAL RETURNS ONLY

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