



Instructions For Handwritten **Forms**

Guidelines



Do not use red ink. Use blue or black ink.









Do not use dollar signs, commas, or other punctuation marks.







Printing



Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.



Do not select "print on both sides of paper."



Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.



NCDOR | 2019 D-407

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7-19 Estates and Trusts Income	Tax Return Only	
For calendar year 2019 , or fiscal year beginning and e		Fill in all applicable circles:
Name of Estate or Trust (Legal Name) (USE CAPITAL LETTERS FOR NAME AND ADDRESS)		O Initial Return
		Amended ReturnFinal Return
Name of Fiduciary (Circle one): Administrator Executor Other	Federal Employer ID Number	O Entity has Nonresident Beneficiaries
	<u> </u>	Qualified
Address	Apartment Number	Funeral Trust
City State Zip Code	County (Enter first five letters	If estate return, was final distribution o assets made during the tax year?
	<u></u>	O Yes O No
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowm your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your pa	nent Fund by making a contribution or des	signating some or all
To designate your overpayment to the Fund, enter the amount of your designation on Line	19 below. See instructions for information	n about the Fund.
Federal Extension Was the entity granted an automatic extension to file its 2019	federal income tax return (Form 1041)?	Yes No
1. Federal taxable income (See instructions) If amount on Line 1, 3,	▶ 1. ○	.,
2. Additions to income (From Schedule B, Fiduciary Column, Line 4) 5, 6, or 7 is negative fill in circle.	▶ 2.	.,
3. Add Lines 1 and 2 Example:	3. (.,
4. Deductions from income (From Schedule B, Fiduciary Column, Line 5)	▶ 4.	.,
5. Line 3 minus Line 4	5. 🔾	
6. Income not taxable to North Carolina (See instructions)	▶ 6. ○	.,
7. North Carolina taxable income (Line 5 minus Line 6)	7. 0	.,
8. Tax - To calculate the tax, multiply North Carolina taxable income on Line 7 by 5.25% (0.0525)	▶ 8.	.,
9. Tax credits (From Form D-407TC, Line 13)	▶ 9.	. ,
10. Tax paid with extension	▶ 10.	-00
11. Other prepayments of tax	▶ 11.	.,
12. Tax paid by partnerships or S Corporations and North Carolina tax withheld reported on Form 1099R (See instructions)	▶ 12.	
13. Total tax credits and payments (Add Lines 9 - 12)	13.	
14. Tax Due - If Line 8 is more than Line 13, subtract and enter the result	▶ 14.	00
15. 15a. Penalties 15b. Interest (Add Lines	s 15a and	
►	enter the 15C.	.,
16. Add Lines 14 and 15c and enter the total - Pay this Amount	16.	.,
17. If Line 8 is less than Line 13, subtract and enter the Overpayment	17.	.,
18. Contribution to the N. C. Nongame and Endangered Wildlife Fund	▶ 18.	.,
19. Contribution of overpayment to the N. C. Education Endowment Fund	▶ 19.	.,
20. Add Lines 18 and 19	20.	.,
21. Subtract Line 20 from Line 17 and enter the Amount to be Refunded	▶ 21.	

Page 2 Legal Name (First 10 Characters) D-407						Federal Employer ID Number			
۷ 7	/eb -19								
\bigcap	Esta	ate Information	:			nformation:			
Date of Decedent's Death						Date Trust Created Name and Address			
If no return filed last year,					of Grant	or			
'	easo	on why			_				
-						If no return filed last year, reason why			
Ŀ									
\$	che	dule A. North Ca	arolina Fiduciary Adjust	ments (See Instr	ructions)				
Jue	1.	Interest income from	n obligations of states other	than North Carolina			1.		.00
luc	2.	2. State, local, or foreign income taxes deducted on the federal return					2.		.00
ls to	3.	3. Adjustment for bonus depreciation (See instructions)					3.		.00
Additions to Income	4.	Other additions to in	ncome (See instructions)				4.		. 00
Ade	5.	 Total additions to income (Add Lines 1 - 4) Apportion the additions on Line 5 between the beneficiaries and the fiduciary on Schedule B, 				dule B, Line 4 below	5.		. 00
	6.	Interest income from	m obligations of the United S	states or United State	es' possession	s	6. [00
		Interest income from obligations of the United States or United States' possessions Taxable portion of Social Security and Railroad Retirement benefits					7. [00
l a	8.	Retirement benefits	received from vested N. C.	State government N	N. C. local gov	ernment.	۱ .		.00
Deductions from Income		 Retirement benefits received from vested N. C. State government, N. C. local government, or federal government retirees (Bailey Settlement – Important: See Instructions) 				······································	8. [∎00
ᄪ			gn income tax refunds repor			40	9. [.00
ıs fro	10.	10a. 2014	us depreciation added back 10b. 2015	10c. 2016		d. 2017	10e . 2018		
ctio		100. 2014	00	.00	.00		00	.00	
Dedu		(Add Lines 10a 10i	_	_	_		10f.		00
ľ		(Add Lines 10a, 10b, 10c, 10d, and 10e, and enter total on Line 10f) 11. Other deductions from income (See instructions)			,		11.		00
	12. Total deductions from income (<i>Add Lines 6 - 9, 10f, and 11</i>)					L		. 00	
L		Apportion the deduct	ions on Line 12 between the b	eneficiaries and the fi	•		12.		•00
S	che	dule B. Apportior	nment of Income and Adju	ustments (See ins	tructions) ^I	mportant: If more that schedule for	n three benefic or additional be		e
Ai	tach d	other pages if needed.	Fiduciary	Benefic	iary 1	Beneficiary	2	Beneficiary 3	
1	. Ide	entifying Number							
	. Na								
3		et N.C. ource Income							
4	. Ad	ditions							
5	. De	eductions							
L	Impo		ary must provide each benefi riate North Carolina Income		Form D-407 o	r other information ned	cessary for the	beneficiary to prepar	ire
T	declare	e and certify that I have exa	amined this return and accompanying	schedules and statements			ey are true, correct	, and complete.	
						act Phone Number (Include area code)	- .	–	
Signature of Fiduciary Representing Estate or Trust Date Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid prepare									
H			other than fiduciary, this certification is	•			iments with the	paid preparer below.	
	띥띥	F -F	,		F. Sha.	,			
Signature of Preparer Other Than Fiduciary Date Preparer's Contact Phone Number (Include area code)							_	-	
	R S	Address			(moduce area code)			
\vdash		Audi 699	MAIL TO: NC Departm	nent of Revenue,	P.O. Box 250	00, Raleigh, NC 27	7640-0640		