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Do not handwrite any information



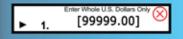
Do not use commas when entering amounts





Do not use brackets for negative numbers

Use a minus sign to show the amount is negative



-99999.00

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



Before printing, select "actual size"



Do not print on both sides of the paper



Do not mix form types



Do not submit photocopies of returns

Submit originals only





D-400 Individu<u>al</u>

2024

DOR Use Only	

0	AMENDED RETURN Fill in circle (See instructions)

	IMPO	IIICOIIIE I (A) PRTANT: Do not send a pho					NDED RETURN rcle (See instructions)
	For calendar year 2024 , c	r fiscal year beginning (мм-г	OD)	- 2 4	and ending (MN	1-DD-YY)	
	Your Social Security Number		You <u>must</u> enter yo cial security numb	ur	Spouse's Social Security	y Number	
	Your First Name (USE CAPITAL L	ETTERS FOR YOUR NAME AND ADDRES	S) M.I.	Your Last Name			
	If a Joint Return, Spouse's First N	ame	M.I.	Spouse's Last Nam	е		
	Mailing Address						Apartment Number
	City		Stat	e Zip Coo	le Country	(If not U.S.)	County (Enter first five letters)
Out	all of your overpayment to the To designate your overpayment	nt Fund: You may contribute of Fund. To make a contribution on to the Fund, enter the amouse if you, or if married filing jointly	n, enclose Form nt of your design	NC-EDU and y ation on Page 2	our payment of \$ _ Line 31. (See inst	tructions for infor	mation about the Fund.,
Dec	eased Taxpayer Informa	ntion		Enter date	of death of deceas	ed taxpayer or d	eceased spouse.
O F	Fill in circle if return is filed ar		Taxpayer (MM-DD-YY)			Douse IM-DD-YY)	·
Res	idonov Statue	re you a resident of N.C. for the s your spouse a resident for th	•	_	Yes No		lete and attach) Schedule PN.
Vete	eran Information Are	you a veteran? O Yes	○ No	ls your spo	use a veteran?	O Yes O N	lo
Fed	eral Extension We	re you granted an automatic e	xtension to file y	our 2024 federa	ıl income tax retur	n, e.g., Form 10	140? Yes No
FIII ng Status (Fill in one circle only)	 Single Married Filing Join Married Filing Sep Head of Househol Qualifying Widow 	(Enter your spouse's full name and Social Security Number) d (er) (Year spouse died:	Name		Enter Whole U.	S. Dollars Only	
	6. Federal Adjusted Gros	s Income		▶ 6.			
	7. Additions to Federal A (From Form D-400 Sche	djusted Gross Income dule S, Part A, Line 16)		> 7.			
-	8. Add Lines 6 and 7			8.			
	(From Form D-400 Sche	,		> 9.			
ı	children for whom you v	Line 10a, enter the number vere allowed a federal child ta int of the child deduction. See	x credit. On	▶ 10a.	▶ 10b.		
Staple W-2s Here		uction OR ON.C. Itemize See Form D-400 Schedule A.)	ed Deductions	1 1.			
le W-2	12. a. Add Lines 9, 10b, and 11.		12b. Subtr Line 1 from				
	(From Form D-400 Sche	nd Nonresidents Taxable Per edule PN, Line 24. Enter amo		1 3.			
	14. North Carolina Taxable Full-year residents ent Part-year residents an the decimal amount on	er the amount from Line 12b. d nonresidents multiply amou	unt on Line 12b	by ► 14.			
	15. North Carolina Income Multiply Line 14 by 4.5%	• Tax • (0.0450). If zero or less, ente	er a zero.	1 5.			

