

# Individual Income Tax Return 2000

North Carolina Department of Revenue

*Print in Black or Blue Ink Only.*

For calendar year **2000**, or other tax year beginning (MM-DD) \_\_\_\_\_ - \_\_\_\_\_ - **00** 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
_____	_____	_____
Address		County (Enter first five letters)
_____		_____
City	State	Zip Code
_____	_____	_____
		Country (If not U.S.)
		_____

**Deceased Taxpayer Information**

If this return is for a deceased taxpayer or a deceased spouse, fill in the applicable circle and enter date of death.

Return for deceased taxpayer Date of death \_\_\_\_\_

Return for deceased spouse Date of death \_\_\_\_\_

**N.C. Political Parties Financing Fund**

Fill in appropriate circle if you want to designate \$1 to this fund; making a donation neither increases your tax nor reduces your refund.

<u>You</u>	<u>Your Spouse</u>
<input type="radio"/> Democratic	<input type="radio"/> Democratic
<input type="radio"/> Republican	<input type="radio"/> Republican
<input type="radio"/> Unspecified	<input type="radio"/> Unspecified

**Residency Status**

Were you a resident of N.C. for the entire year of 2000?  Yes  No *If no, complete Lines 48 through 52 on Page 4*

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

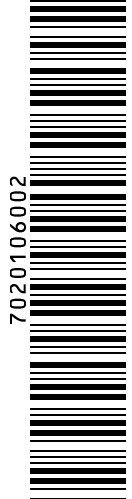
**Filing Status**

**Same as federal. Fill in one circle only.** If your spouse was a nonresident and had no North Carolina taxable income in 2000, see the Line Instructions for Lines 1 through 5. If you do not indicate your filing status by filling in one of the circles, any refund due will be delayed.

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) with Dependent Child** (Year spouse died: \_\_\_\_\_)

Enter the **Number of Exemptions** claimed on your federal income tax return

\_\_\_\_\_



If amount on Lines 6, 8, 10a, 11, or 12 is negative, fill in circle. Example:

**6. Taxable Income from Your Federal Income Tax Return**

Form 1040, Line 39; Form 1040A, Line 25; Form 1040EZ, Line 6; or TeleFile Tax Record, Line K (If zero, see the Line Instructions) ▶ 6.  \_\_\_\_\_ .00

**7. Additions to Federal Taxable Income**

All taxpayers must complete Lines 31 through 40 on Page 3 and enter amount from Line 40 ▶ 7. \_\_\_\_\_ .00

**8. Add Lines 6 and 7**

8.  \_\_\_\_\_ .00

**9. Deductions from Federal Taxable Income**

If applicable, complete Lines 41 through 47 on Page 3 and enter amount from Line 47 ▶ 9. \_\_\_\_\_ .00

**10. a. Line 8 minus Line 9**

10a.  \_\_\_\_\_ .00

**b. Part-year residents and nonresidents**

Complete Lines 48 through 52 on Page 4 and enter decimal amount from Line 52 ▶ 10b. \_\_\_\_\_

**11. North Carolina Taxable Income**

Full-year residents enter the amount from Line 10a ▶ 11.  \_\_\_\_\_ .00  
 Part-year residents and nonresidents multiply amount on Line 10a by 10b and enter result

<b>12. Enter amount from Line 11</b> (North Carolina Taxable Income)	<input type="radio"/>	12.	_____	.00
<b>13. North Carolina Income Tax</b> If the amount on Line 12 is less than \$68,000, use the <b>Tax Table</b> beginning on Page 15 of the instructions to determine your tax. If the amount on Line 12 is \$68,000 or more, use the <b>Tax Rate Schedule</b> on Page 23 to calculate your tax.		13.	_____	.00
<b>14. Tax Credits</b> (From Form D-400TC, Part 4, Line 31)	<input type="checkbox"/>	14.	_____	.00
<b>15. Subtract</b> Line 14 from Line 13		15.	_____	.00
<b>16. Consumer Use Tax</b> (See instructions on Page 6)	<input type="checkbox"/>	16.	_____	.00
<b>17. Add</b> Lines 15 and 16		17.	_____	.00
<b>18. North Carolina Income Tax Withheld</b> (Staple original or copy of the original State wage and tax statement(s) in top left-hand corner of the return)		18a.	_____	.00
		18b.	_____	.00
<b>19. Other Tax Payments</b>				
a. 2000 Estimated Tax	<input type="checkbox"/>	19a.	_____	.00
b. Paid with Extension	<input type="checkbox"/>	19b.	_____	.00
c. Partnership	<input type="checkbox"/>	19c.	_____	.00
d. S Corporation	<input type="checkbox"/>	19d.	_____	.00
<b>20. Add</b> Lines 19a through 19d		20.	_____	.00
<b>21. Tax Credit for Child Health Insurance Premiums</b> (From Form D-400TC, Part 5, Line 39)	<input type="checkbox"/>	21.	_____	.00
<b>22. Add</b> Lines 18a, 18b, 20, and 21		22.	_____	.00
<b>23. a.</b> If Line 17 is more than Line 22, subtract and enter the result	<input type="checkbox"/>	23a.	_____	.00
<b>b.</b> Penalty for underpayment of estimated income tax (See instructions and enter letter in box, if applicable)	<input type="checkbox"/>	23b.	_____	.00
<b>c.</b> Other penalties and interest (See instructions)		23c.	_____	.00
<b>24. Add</b> Lines 23a, 23b, and 23c and enter the total - <b>Pay This Amount</b>		24.	\$ _____	.00
<b>25.</b> If Line 17 is less than Line 22, subtract and enter the result		25.	_____	.00
<b>26.</b> Amount of Line 25 to be applied to <b>2001 Estimated Income Tax</b>	<input type="checkbox"/>	26.	_____	.00
<b>27.</b> Contribution to the <b>N.C. Nongame and Endangered Wildlife Fund</b>	<input type="checkbox"/>	27.	_____	.00
<b>28.</b> Contribution to the <b>N.C. Candidates Financing Fund</b>	<input type="checkbox"/>	28.	_____	.00
<b>29. Add</b> Lines 26, 27, and 28		29.	_____	.00
<b>30. Subtract</b> Line 29 from Line 25 and enter the <b>Amount To Be Refunded</b>	<input type="checkbox"/>	30.	_____	.00

a. Your tax withheld

b. Spouse's tax withheld

Be sure to sign and date your return on Page 4.

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**Additions to Federal Taxable Income** (See Line Instructions beginning on Page 8.)

<b>31.</b> Enter the itemized deductions or the standard deduction from your federal return		
<ul style="list-style-type: none"> <li>● Form 1040, Line 36</li> <li>● Form 1040A, Line 22</li> <li>● Form 1040EZ SINGLE filers - enter \$4,400 <b>OR</b> the amount from Line 5 of Form 1040EZ, <b>whichever is less</b></li> <li>● Form 1040EZ MARRIED FILING JOINTLY filers - enter \$7,350 <b>OR</b> the amount from Line 5 of Form 1040EZ, <b>whichever is less</b></li> <li>● TeleFile Tax Record filers - enter standard deduction from Line J of TeleFile Tax Record</li> </ul>	▶	31. _____ .00
<b>32.</b> Enter your standard deduction from the applicable chart or worksheet on Page 8	▶	32. _____ .00
<b>33. Subtract</b> Line 32 from Line 31 and enter the result here, but not less than zero <b>IMPORTANT: If you claimed the standard deduction on your federal return, skip Line 34 and enter on Line 35 the amount entered on Line 33</b>		33. _____ .00
<b>34.</b> If you itemized your deductions on your federal return, Form 1040, enter the state and local income taxes from Line 5 and any foreign income taxes included on Line 8 of Federal Schedule A. <b>IMPORTANT:</b> If you were required to complete the <b>Itemized Deductions Worksheet</b> in the instructions for <b>Federal Form 1040</b> , see Page 9	▶	34. _____ .00
<b>35. Compare Line 33 with Line 34 and enter whichever is less</b>	▶	35. _____ .00
<b>36. Personal exemption adjustment</b> (Complete the <b>Personal Exemption Adjustment Worksheet</b> on Page 9 and enter the result)	▶	36. _____ .00
<b>37. Interest income from obligations of states other than North Carolina</b>	▶	37. _____ .00
<b>38. Lump-sum distributions from a pension or profit sharing plan</b>	▶	38. _____ .00
<b>39. Other additions to federal taxable income</b> (Attach explanation or schedule)	▶	39. _____ .00
<b>40. Total additions</b> - Add Lines 35 through 39 (Enter the total here and on Line 7)		40. _____ .00

**Deductions from Federal Taxable Income** (See Line Instructions beginning on Page 10.)

<b>41. State or local income tax refund</b> if included on Line 10 of Federal Form 1040	▶	41. _____ .00
<b>42. Interest income from obligations of the United States, United States' possessions, or the State of North Carolina</b>	▶	42. _____ .00
<b>43. Taxable portion of Social Security and Railroad Retirement Benefits</b> included on your federal return	▶	43. _____ .00
<b>44. Retirement benefits received by vested N.C. State government, N.C. local government, or federal government retirees</b> ( <b>Bailey settlement</b> )	▶	44. _____ .00
<b>45. If you have retirement benefits not reported on Lines 43 or 44, complete the Retirement Benefits Worksheet</b> on Page 11 and enter the result here	▶	45. _____ .00
<b>46. Other deductions from federal taxable income</b> (Attach explanation or schedule)	▶	46. _____ .00
<b>47. Total deductions</b> - Add Lines 41 through 46 (Enter the total here and on Line 9)		47. _____ .00

This page must be filed with Pages 1 and 2 of this form.

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**Computation of North Carolina Taxable Income for Part-Year Residents and Nonresidents**

(See Line Instructions beginning on Page 11.)

If amount on Lines 48, 49, 50, or 51 is negative, fill in circle. Example:

- 48. Total income while you were a **Resident** of North Carolina ▶ 48.  \_\_\_\_\_ .00
- 49. Total income **from North Carolina** sources while you were a **Nonresident** of North Carolina ▶ 49.  \_\_\_\_\_ .00
- 50. **Add** Lines 48 and 49 50.  \_\_\_\_\_ .00
- 51. **Total income from all sources**  
Form 1040, Line 22; 1040A, Line 15; 1040EZ, Line 4; or TeleFile Tax Record, Line I  
(If you entered additions or deductions on Lines 7 or 9, see the instructions on Page 11) ▶ 51.  \_\_\_\_\_ .00
- 52. Divide Line 50 by Line 51 (Enter the result as a decimal amount here and on Line 10b; round to two decimal places) 52. \_\_\_\_\_

<p>I certify that, to the best of my knowledge, this return is accurate and complete.</p> <p><b>Sign Here</b></p> <p>_____ Your Signature <span style="float: right;">Date</span></p> <p>_____ Spouse's Signature (If filing joint return, both must sign) <span style="float: right;">Date</span></p> <p>_____ Daytime Telephone Number (Optional)</p>	<p>Fill in circle if return was completed by paid preparer. → <input type="radio"/></p> <p>If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.</p> <p>_____ Paid Preparer's Signature <span style="float: right;">Date</span></p> <p>_____ Paid Preparer's FEIN, SSN, or PTIN <span style="float: right;">Preparer's Telephone Number</span></p> <p>Fill in circle if prepared by: <input type="radio"/> VITA Volunteer <input type="radio"/> TCE Volunteer</p>
<p><b>If REFUND mail return to:</b> N.C. DEPT. OF REVENUE P.O. BOX R RALEIGH, NC 27634-0001</p>	<p><b>If you ARE NOT due a refund mail return, any payment, and D-400V to:</b> N.C. DEPT. OF REVENUE P.O. BOX 25000 RALEIGH, NC 27640-0640</p>

**Payment Voucher** - If you are sending in a payment **and** you received a preaddressed income tax booklet, use the payment voucher (**Form D-400V**) included on the inside flap of the front cover of the booklet. Complete the voucher and enclose it with your return and payment in the envelope provided. Please do not staple, tape, or otherwise attach your payment or voucher to your return or to each other.

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