D-400

Individual Income Tax Return 2004

10. 🔘 _____ 00

Web 9-04		ina Department o		Print in Bla	ck or Blue Ink Only.
For calendar year 2004 , or other tax yea) 4 and ending		-
Your Social Security Number		You <u>must</u> enter your social security number(
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 N	lame		
Address				County (En	iter first five letters)
City		State Zip	Code Co	untry (If not U.S.)	
		· - ·			
Deceased Taxpayer Information If return is for a deceased taxpayer or deceased spouse, enter date of death. Deceased taxpayer's date of death (MM-DD-YY)	and helps fund ju accept strict fund limits. Do you agr this fund? Filling i	paign Fund a nonpartisan voter guide udicial candidates who I-raising and spending ree that \$3 should go to in a circle below will no or reduce your refund.	Fill in appropriate designate \$1 to remains the same a designation.	rties Financing Fund e circle if you want to this fund. Your tax whether or not you make Your Spouse	
Deceased spouse's date of death	You O Yes O No	Your Spouse O Yes O No	 Democratic Republican Unspecified 	DemocraticRepublicanUnspecified	90090
Federal Adjusted Gross Income Enter federal adjusted gross income from y Line 36; Form 1040A, Line 21; Form 1040EZ, Line	4; or TeleFile Tax Record	d, Line I)	► 0		7020106
Residency Status Were you a resident of N.C. f Was your spouse a residen		" "	no, complete Lines 4	7 through 51 on Page 4	
 Filing Same as federal. Fill in one circ Status Line Instructions for Lines 1 throug 1. ○ Single 2. ○ Married Filing Jointly 3. ○ Married Filing Separately → 4. ○ Head of Household 5. ○ Qualifying Widow(er) with Depart 	(Enter your spouse's Name full name and Social Security Number) SSN	ə		Enter the Number of Exemptions claimed on your federal income tax return	
		1, Individual Income Ta	,		
 6. Taxable Income from Your Federa Form 1040, Line 42; Form 1040A, Line Tax Record, Line K(1) Taxable Income 7. Additions to Federal Taxable Income 	al Income Tax Rete 27; Form 1040EZ, L e (If zero, see the L	urn Line 6; or TeleFile	If amount on Line 6, 8, or 10 is negative, fill in circle.	Enter Whole U.S. D	ollars Only
All taxpayers must complete Lines 29 amount from Line 38		ige 3 and enter	Example:	7.	,
8. Add Lines 6 and 7				8. 0	.00
9. Deductions from Federal Taxable If applicable, complete Lines 39 through		nter amount from Line 46		9.	00

10. Line 8 minus Line 9

D V	9-400 Veb 9-04	2 Your Last Name (First 1	0 Characters)	Tax Year 2004	Your	Social Security Number	
11.	Ente	er amount from Line	10		If amount on Line 11 or 13) 11.	00
12.		-year residents and plete Lines 47 through 5	nonresidents of on Page 4 and enter decimal	amount from Line 51	is negative, fill in circle. Example:	12.	
13.	Full-		ncome ne amount from Line 11 residents multiply amount on Li	ne 11 by the decimal ar) 13.	00
14.	If the of the	e instructions to determir	ax iss than \$68,000, use the Tax T i ne your tax. If the amount on Li on Page 23 to calculate your ta	ine 13 is \$68,000 or mo		14.	00
15.		Credits (From Form D ou enter an amount o	9-400TC, Part 4, Line 31 - You n this line)	must attach Form D-	400TC	15.	
16.	Sub	tract Line 15 from Lir	ne 14			16.	
17.	Con	sumer Use Tax (See	instructions on Page 6)		►	17.	00
18.	Add	Lines 16 and 17				18.	 00
19.		th Carolina Income Ta	ax Withheld				
	origi state	ple original or copy of the inal State wage and tax ement(s) in top left-hand ner of the return)		 19a. 19b. 			
20.	Othe	er Tax Payments		· · · · · · · · · ·	_ OC)	
	a. 2	2004 Estimated Tax		▶ 20a.	_ 00)	0206006
	b. 1	Paid with Extension		▶ 20b.)	
	c .	Partnership		▶ 20c.)	
	d. 3	S Corporation		▶ 20d.)	
21.	Add	Lines 19a through 20	0d and enter the total on Lin	e 21		21.	
22.	a.	If Line 18 is more than	h Line 21, subtract and enter	r the result		22a.	00
			ent of estimated income tax nter letter in box, if applicable)	Penalty Exception	▶	22b.	
	C.	Other penalties and i	nterest (See instructions)			22c.	00
23.			22c and enter the total - Pay Go to our website and click		ces for details.	з. \$	
24.	lf Lir	ne 18 is less than Line	e 21, subtract and enter the	result		24.	00
25.	Amo	ount of Line 24 to be a	pplied to 2005 Estimated Ir	ncome Tax	►	25.	
26.	Cont	tribution to the N.C. No	ongame and Endangered W	ldlife Fund		26.	
27.	Add	Lines 25 and 26				27.	
28.	Sub	tract Line 27 from Lin	e 24 and enter the Amount	To Be Refunded	►	28.	00

Pag	Je 3 Your Last Name (First 10 Characters) Your Social Securi Tax Year	ity Number	
W	400 eb 2004		
9-0 A	dditions to Federal Taxable Income (See Line Instructions beginning on Page 8.)	
29.	Enter the itemized deductions or the standard deduction from your federal return		
	 Form 1040, Line 39 Form 1040A, Line 24 		Enter Whole U.S. Dollars Only
	Form 1040EZ SINGLE filers - enter \$4,850 OR the amount from Line 5 of Form 1040EZ, whichever is less	▶ 29.	
	Form 1040EZ MARRIED FILING JOINTLY filers - enter \$9,700 OR the amount from Line 5 of Form 1040EZ, whichever is less		
	TeleFile Tax Record filers - enter standard deduction from Line J(1) of TeleFile Tax Record		
30.	 Enter your N.C. standard deduction (<i>The standard deduction for most people is shown below.</i>) Single)	
	Head of household \$4,400 Married filing separately:	▶ 30.	<u> </u>
	Qualifying widow(er) \$6,000 If your spouse <u>does not</u> claim itemized deductions . \$3,000 If your spouse claims itemized deductions		
	Note: If 65 or older or blind <u>OR</u> if someone can claim you as a dependent, see the applicable chart or worksheet on Page 8 to determine the amount to enter on this line.		
	Subtract Line 30 from Line 29 and enter the result here, but not less than	31.	
	zero IMPORTANT: If you claimed the standard deduction on your federal return, skip Line 32 and enter on Line 33 the amount entered on Line 31	51.	<u> </u>
	If you itemized your deductions on your federal return, Form 1040, enter the		
	state and local income taxes or the general sales taxes from Line 5 of Federal Schedule A and any foreign income taxes included on Line 8 of Federal Schedule		
	A. IMPORTANT: If you were required to complete the Itemized Deductions	▶ 32.	.
	Worksheet in the instructions for Federal Form 1040, see Page 9 Compare Line 31 with Line 32 and enter whichever is less	▶ 33.	
		3 3.	<u> </u>
	Personal exemption adjustment (Complete the Personal Exemption 8 Adjustment Worksheet on Page 9 of the instructions and enter the result) 8	► 34.	<u> </u>
	Interest income from obligations of states other than North Carolina	► 35.	
36.	Adjustment for additional first-year depreciation (See instructions on Page 9)	▶ 36.	
37.	Other additions to federal taxable income (Attach explanation or schedule)	► 37.	
38	Total additions - Add Lines 33 through 37 (Enter the total here and on Line 7)	38.	
			<u> </u>
De	eductions from Federal Taxable Income (See Line Instructions beginning on Pa	age 10.,)
39.	State or local income tax refund if included on Line 10 of Federal Form 1040	► 39.	
40.	Interest income from obligations of the United States or United States' possessions	▶ 40.	<u> </u>
41.	Taxable portion of Social Security and Railroad Retirement Benefits included on your federal return	h 🕨 41.	
42.	Retirement benefits received by vested N.C. State government, N.C. local government, or federal government retirees (<i>Bailey settlement</i>)	▶ 42.	_ 00
43.	If you have retirement benefits not reported on Lines 41 or 42, complete the Retirement	▶ 43.	, , , , , , , , , , , , , , , , , , , ,
	Benefits Worksheet on Page 11 and enter the result here	-	
	Severance wages (See Line instructions on Page 11 for explanation of qualifying severance wages)	▶ 44.	_ 00
	Other deductions from federal taxable income (Attach explanation or schedule	N 1=	- <i>-</i>
	Do not include any deduction for retirement benefits on this line.)	▶ 45.	
46.	Total deductions - Add Lines 39 through 45 (Enter the total here and on Line 9)	46.	

Page 4	Your Last Name (First 10 Characters)	Your Socia Tax Year	al Security Number	
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•	tion of North Carolina Taxable			
North C	vere a part-year resident of Carolina, enter the dates of cy in the boxes.	Date residency began (MM-DD-YY)	You	Your Spouse
	If amount on Line 47, 48	Date residency ended (MM-DD-YY) , 49, or 50 is negative, fill in circle.	,	
	ome while you were a Resident of North enter amount and fill in circle to indicate the		▶ 47. ○	Enter Whole U.S. Dollars Only
	ome from North Carolina sources while Carolina (If a loss, enter amount and fill in	5	▶ 48. ○	
49. Add Line	es 47 and 48		49. 🔾	
Form 10	come from all sources 40, Line 22; 1040A, Line 15; 1040EZ, Li tered additions or deductions on Lines 7 or s	, , ,	▶ 50. ○	
	e 49 by Line 50 <i>(Enter the result as a de four decimal places)</i>	ecimal amount here and on Line 12;	51.	

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.		
Here	Your Signature	Date	Paid Preparer's Signature	Date	
Sign	Spouse's Signature (If filing joint return, both must sign.)	Date	Preparer's FEIN, SSN, or PTIN		406006
	Daytime Telephone Number (Include area code.)		Preparer's Telephone Number	r (Include area code.)	
			▶ =		
	If REFUND mail return to: N.C. DEPT. OF REVENUE P.O. BOX R RALEIGH, NC 27634-0001		<i>If you ARE NOT due a refund, mail return, any payment, and D-400V to:</i>	N.C. DEPT. OF REVENUE P.O. BOX 25000 RALEIGH, NC 27640-0640	

Payment Options

Online - You can pay your tax online by bank draft or credit or debit card using Visa or MasterCard. Go to our website www.dor.state.nc.us and click on Electronic Services for details.

Payment Voucher - If you received a pre-addressed income tax booklet and you do not pay your tax online, use the payment voucher (Form D-400V) included in the back of the booklet. Complete the voucher and enclose it with your return and payment in the envelope provided. Note: The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars. Be sure to enter your social security number(s) in the boxes provided on the voucher. Do not use Form D-400V if any of the preprinted information does not match what you entered on your return. Instead, go to our website to generate a personalized D-400V with the correct information. Please do not staple, tape, paper clip, or otherwise attach your payment or voucher to your return or to each other.

D-400TC

Web	
9-04	

2004 Individual Tax Credits

North Carolina Department of Revenue

See instructions beginning on Page 12.

If you claim a tax credit on Line 15 of Form D-400, you must attach this form to the return. If you do not, the tax credit may be disallowed.

Last Name (First 10 Characters)	Your Social Security Number
Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Re You must attach a copy of the return filed with the other state or country and proof or to more than one state or country, do not fill in Lines 1 through 6; instead, see in	payment. Important: If you claim a tax credit for tax paid
1. Total income from all sources while a resident of North Carolina (combined filers), adjusted by the applicable additions shown on Lines 35 through 37 and d shown on Lines 39 through 45. Do not make an adjustment for any portion of Line 37 does not relate to gross income. (If Line 1 is negative, fill in circle)	eductions
2. The portion of Line 1 that was taxed by another state or country	▶ 2.
3. Divide Line 2 by Line 1 and enter the result as a decimal amount (Round to four dec	imal places) 3.
4. North Carolina income tax (From Form D-400, Line 14)	▶ 4 • 00
5. Computed credit (Multiply Line 3 by Line 4)	5 00
6. Amount of net tax paid to the other state or country on the income shown on Line 2 (See instructions on Page 12 for definition of net tax paid)	► 6. 00
7a. Enter the lesser of Line 5 or Line 6 and include in the total on Line 19, Part 4	► 7a.
7b. Enter in the box the number of states for which credits are claimed	▶ 7b.
Part 2. Credit for Child and Dependent Care Expenses	
 Enter the expenses from Line 3 of Federal Form 2441 or Line 3 of Schedule 2, Part II, \$2,400 for one qualifying dependent or \$4,800 for two or more qualifying de Child and Dependent Care Expenses on Page 12 for additional information. Also employer paid any dependent care benefits for you.) 	pendents (See Credit for
9. Enter the portion of Line 8 that was incurred for dependent(s) who were under the and dependent(s) who were physically or mentally incapable of caring for themselv	
10. Credit (Use the Child and Dependent Care Credit Table on Page 12. Multiply the applicable decimal amount in Column A of the table and enter the result here)	e amount on Line 9 by the \blacktriangleright 10.
11. Other qualifying expenses (Line 8 minus Line 9)	^{11.} _ 00
12. Credit (Use the Child and Dependent Care Credit Table on Page 12 of the instr amount on Line 11 by the applicable decimal amount in Column B of the table and	
13. Total credit for child and dependent care expenses (Line 10 plus Line 12). Full-ye here and on Line 15 below	ar residents enter this amount 13.
14. Nonresidents and part-year residents multiply the amount on Line 13 of this form Form D-400, Line 12 and enter the result here and on Line 15 below. If Line 12 of For enter the amount from Line 13 here and on Line 15 below	
15. Total credit for child and dependent care expenses from Line 13 or Line 14 (Include total on Line 19, Part 4)	the amount on this line in the 15 .



Page 2	Last Name (First 10 Characters)	Tax Year	Your Social Security Nu	imber
D-400TC Web		2004		
9-04	credit for Children			
	This credit can be claimed only fo	r a dependent child who was unde i	r 17 years of age on the last c	lay of the tax year.
Line 36 filing je Married	re entitled to claim the federal child ta ; or Form 1040A, Line 21) is less than ointly/qualifying widow(er) - \$100, d filing separately - \$50,000), compl ugh 18; you may not claim the credit	n the following amounts shown for you 000; Head of Household - \$80,000 ete Lines 16 through 18. Otherwise,	ur filing status (Married ; Single - \$60,000; or	Enter Whole U.S. Dollars Only
	the number of children for whom you er the result here (<i>Full-year resident</i>			▶ 16
Form D	idents and part-year residents multi -400, Line 12 and enter the result here 0000, enter the amount from Line 16 he	and on Line 18 below. If Line 12 of Fo		17
18. Credit fo	or children (Include the amount on this	line in the total on Line 19, Part 4)		18
Part 4. O	Other Tax Credits (Limited to the	amount of tax)		
	Parts 1, 2, and 3 (Add Lines 7a, 15,	,	19.	
	or charitable contributions by nonitem er your total charitable contributions of			
	n complete the Worksheet for Deten Charitable Contributions on Page 13 o			.00
21. Credit f	or qualified business investments (See	e instructions on Page 13)	▶ 21.	
Determ	for disabled taxpayer, dependent, or s nining the Credit for the Disabled T t from Line 13 or 14, whichever is app	axpayer, Dependent, or Spouse, ar		,,
23. Credit f	or certain real property donations (See	e instructions on Page 14)	▶ 23.	
Fill in	or rehabilitating an historic structure (n applicable circle:	See instructions on Page 14) ome-Producing	▶ 24.	.,,
— Fill i	niscellaneous income tax credits (See in applicable circles:	3 /		
	operty Taxes on Farm Machinery andicapped Dwelling Units	 Gleaned Crops Poultry Conservation Tillage Equipm 	25	_ 00
	dits carried over from previous year, if lits claimed on Form NC-478	any. Do not include any carryover of	f ▶ 26.	
27. Total (A	dd Lines 19, and 20b through 26)		27.	
28. Amount	t of tax (From Form D-400, Line 14)		28.	
29. Enter th	ne lesser of Line 27 or Line 28		29.	.00
	ss incentive and energy tax credits (So y required supporting schedules to the		orm NC-478 🕨 30.	<u> </u>
	es 29 and 30 (Enter the total here and ount on this line may not exceed		ine 14 31.	

Your Social Security Number

Page 2

Last Name (First 10 Characters)

You must submit this form if you claim a tax credit on Line 15 of Form D-400.



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