



Instructions for Handwritten Forms

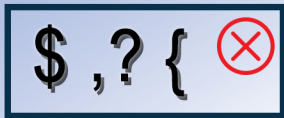
Guidelines



Do not use red ink
Use blue or black ink



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



Printing



Before printing select "actual size"



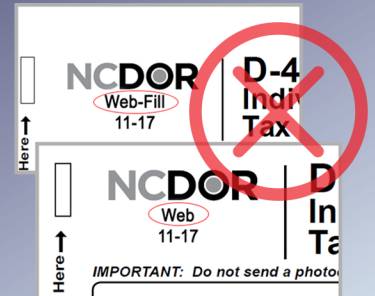
Do not select "print on both sides of paper"



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. Print in Black or Blue Ink Only. No Pencil or Red Ink.

For calendar year 2017, or fiscal year beginning (MM-DD) - - 17 and ending (MM-DD-YY) - - - -

Your Social Security Number Spouse's Social Security Number You must enter your social security number(s)

Name fields: Your First Name, M.I., Your Last Name, Spouse's First Name, M.I., Spouse's Last Name. Address fields: Mailing Address, Apartment Number, City, State, Zip Code, Country, County.

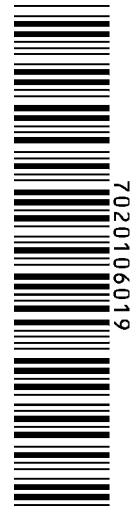
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund.

Residency Status: Were you a resident of N.C. for the entire year of 2017? Deceased Taxpayer Information: Enter date of death of deceased taxpayer or deceased spouse.

Filing Status (Fill in one circle only) and Veteran Information (Are you a veteran? Is your spouse a veteran?)

1. Single 2. Married Filing Jointly 3. Married Filing Separately 4. Head of Household 5. Qualifying Widow(er)

6. Federal adjusted gross income 7. Additions to federal adjusted gross income 8. Add Lines 6 and 7 9. Deductions from federal adjusted gross income 10. Subtract Line 9 from Line 8 11. N.C. standard deduction OR N.C. itemized deductions 12. Subtract Line 11 from Line 10 13. Part-year residents and nonresidents taxable percentage 14. North Carolina Taxable Income 15. North Carolina Income Tax



Staple All Pages of Your Return Here

Staple W-2s Here

16. Tax Credits (From Form D-400TC, Part 3, Line 20)	▶	16.		.00
17. Subtract Line 16 from Line 15		17.		.00
18. Consumer Use Tax (See instructions)		18.		.00
If you certify that no Consumer Use Tax is due, fill in circle. ▶ <input type="radio"/>				
19. Add Lines 17 and 18		19.		.00
20. North Carolina Income Tax Withheld				
a. Your tax withheld	▶		.00	
b. Spouse's tax withheld	▶		.00	
21. Other Tax Payments				
a. 2017 estimated tax	▶		.00	
b. Partnership	▶		.00	
c. Paid with extension	▶		.00	
d. S Corporation	▶		.00	
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)				
23. Total Payments - Add Lines 20a through 22		23.		.00
24. Amended Returns Only - Previous refunds (See "Amended Returns" in instructions)				
25. Subtract Line 24 from Line 23		25.		.00
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.		.00
b. Penalties	▶		.00	
c. Interest	▶		.00	
(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.)	▶		.00	
27. Add Lines 26a, 26d, and 26e Pay This Amount - You can pay online. See instructions.		▶ 27.		.00
Exception to underpayment of estimated tax				
28. Overpayment - If Line 19 is less than Line 25, subtract Line 19 from Line 25.		▶ 28.		.00
When filing an amended return, see instructions.				
29. Amount of Line 28 to be applied to 2018 Estimated Income Tax		▶ 29.		.00
30. Contribution to the N.C. Nongame and Endangered Wildlife Fund		▶ 30.		.00
31. Contribution to the N.C. Education Endowment Fund		▶ 31.		.00
32. Contribution to the N.C. Breast and Cervical Cancer Control Program		▶ 32.		.00
33. Add Lines 29 through 32		▶ 33.		.00
34. Subtract Line 33 from Line 28. This is the Amount To Be Refunded. For direct deposit, file electronically.		▶ 34.		.00

Sign Here

<p>I certify that, to the best of my knowledge, this return is accurate and complete.</p> <p>Your Signature _____ Date _____</p> <p>Spouse's Signature (If filing joint return, both must sign.) _____ Date _____</p> <p>Home Telephone Number (Include area code) ▶ _____</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 _____ Date _____</p> <p>Preparer's FEIN, SSN, or PTIN ▶ _____</p> <p>Preparer's Telephone Number (Include area code) ▶ _____</p>
--	---