



# Instructions for Handwritten Forms

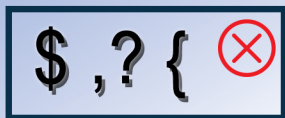
## Guidelines



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"



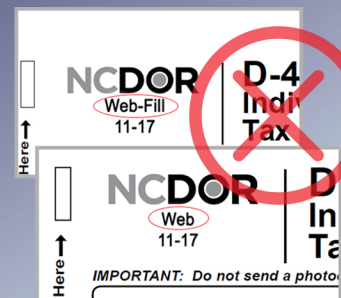
Do not select "print on both sides of paper"



## Before Mailing



Do not mix form types



Do not submit photocopies of returns

Submit originals only



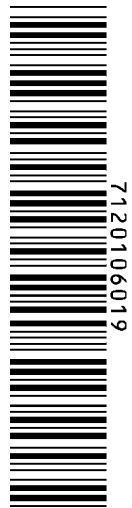
# 2017 D-407 Estates and Trusts Income Tax Return

For calendar year <b>2017</b> , or fiscal year beginning (MM-DD) _____ - _____ - <b>17</b> and ending (MM-DD-YY) _____ - _____ - _____	Fill in all applicable circles: <input type="radio"/> Initial Return <input type="radio"/> Amended Return <input type="radio"/> Final Return <input type="radio"/> Entity has Nonresident Beneficiaries <input type="radio"/> Qualified Funeral Trust
Name of Estate or Trust (Legal Name) (USE CAPITAL LETTERS FOR NAME AND ADDRESS) _____ _____	If estate return, was final distribution of assets made during the tax year? <input type="radio"/> Yes <input type="radio"/> No
Name of Fiduciary (Circle one): <input type="radio"/> Administrator <input type="radio"/> Executor <input type="radio"/> Other Federal Employer ID Number _____	
Address _____ _____ _____	Apartment Number _____
City _____ State _____ Zip Code _____	County (Enter first five letters) _____

**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. To make a contribution, enclose Form NC-EDU and your payment of \$ \_\_\_\_\_. To designate your overpayment to the Fund, enter the amount of your designation on Line 19 below. See instructions for information about the Fund.

<b>1. Federal taxable income</b> (See instructions)	<input type="radio"/>	_____ .00
<b>2. Additions to income</b> (From Schedule B, Fiduciary Column, Line 4)	<input type="radio"/>	_____ .00
<b>3. Add Lines 1 and 2</b>	<input type="radio"/>	_____ .00
<b>4. Deductions from income</b> (From Schedule B, Fiduciary Column, Line 5)	<input type="radio"/>	_____ .00
<b>5. Line 3 minus Line 4</b>	<input type="radio"/>	_____ .00
<b>6. Income not taxable to North Carolina</b> (See instructions)	<input type="radio"/>	_____ .00
<b>7. North Carolina taxable income</b> (Line 5 minus Line 6)	<input type="radio"/>	_____ .00
<b>8. Tax</b> - To calculate the tax, multiply North Carolina taxable income on Line 7 by 5.499% (0.05499)	<input type="radio"/>	_____ .00
<b>9. Tax credits</b> (From Form D-407TC, Line 13)	<input type="radio"/>	_____ .00
<b>10. Tax paid with extension</b>	<input type="radio"/>	_____ .00
<b>11. Other prepayments of tax</b>	<input type="radio"/>	_____ .00
<b>12. Tax paid by partnerships or S Corporations and North Carolina tax withheld reported on Form 1099R</b> (See instructions)	<input type="radio"/>	_____ .00
<b>13. Total tax credits and payments</b> (Add Lines 9 - 12)	<input type="radio"/>	_____ .00
<b>14. Tax Due</b> - If Line 8 is more than Line 13, subtract and enter the result	<input type="radio"/>	_____ .00
<b>15. 15a. Penalties</b>	<input type="radio"/>	_____ .00
<b>15b. Interest</b>	<input type="radio"/>	_____ .00
(Add Lines 15a and 15b and enter the total on Line 15c)	<input type="radio"/>	_____ .00
<b>16. Add Lines 14 and 15c and enter the total - Pay this Amount</b>	<input type="radio"/>	\$ _____ .00
<b>17. If Line 8 is less than Line 13, subtract and enter the Overpayment</b>	<input type="radio"/>	_____ .00
<b>18. Contribution to the N. C. Nongame and Endangered Wildlife Fund</b>	<input type="radio"/>	_____ .00
<b>19. Contribution of overpayment to the N. C. Education Endowment Fund</b>	<input type="radio"/>	_____ .00
<b>20. Add Lines 18 and 19</b>	<input type="radio"/>	_____ .00
<b>21. Subtract Line 20 from Line 17 and enter the Amount to be Refunded</b>	<input type="radio"/>	_____ .00

If amount on Line 1, 3, 5, 6, or 7 is negative fill in circle.  
 Example:



<b>Estate Information:</b> Date of Decedent's Death _____  If no return filed last year, reason why _____ _____ _____	<b>Trust Information:</b> Date Trust Created _____ Name and Address of Grantor _____ _____ _____ If no return filed last year, reason why _____ _____
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**Schedule A. North Carolina Fiduciary Adjustments (See instructions)**

<b>Additions to Income</b>	1. Interest income from obligations of states other than North Carolina	1.	<input type="text"/>	.00	
	2. State, local, or foreign income taxes deducted on the federal return	2.	<input type="text"/>	.00	
	3. Adjustment for bonus depreciation (See instructions)	3.	<input type="text"/>	.00	
	4. Other additions to income (See instructions)	4.	<input type="text"/>	.00	
	5. Total additions to income (Add Lines 1 - 4) <i>Apportion the additions on Line 5 between the beneficiaries and the fiduciary on Schedule B, Line 4 below</i>	5.	<input type="text"/>	.00	
<b>Deductions from Income</b>	6. Interest income from obligations of the United States or United States' possessions	6.	<input type="text"/>	.00	
	7. Taxable portion of Social Security and Railroad Retirement benefits	7.	<input type="text"/>	.00	
	8. Retirement benefits received from vested N. C. State government, N. C. local government, or federal government retirees (Bailey Settlement - Important: See Instructions)	8.	<input type="text"/>	.00	
	9. State, local, or foreign income tax refunds reported as income on federal return	9.	<input type="text"/>	.00	
	10. Adjustment for bonus depreciation added back in 2012, 2013, 2014, 2015, and 2016				
	10a. 2012	10b. 2013	10c. 2014	10d. 2015	10e. 2016
	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> .00
	<i>(Add Lines 10a, 10b, 10c, 10d, and 10e, and enter total on Line 10f)</i>				10f. <input type="text"/> .00
	11. Other deductions from income (See instructions)	11.	<input type="text"/>	.00	
	12. Total deductions from income (Add Lines 6 - 9, 10f, and 11) <i>Apportion the deductions on Line 12 between the beneficiaries and the fiduciary on Schedule B, Line 5 below</i>	12.	<input type="text"/>	.00	

**Schedule B. Apportionment of Income and Adjustments (See instructions)** **Important:** If more than three beneficiaries, include separate schedule for additional beneficiaries.

<i>Attach other pages if needed.</i>	<b>Fiduciary</b>	<b>Beneficiary 1</b>	<b>Beneficiary 2</b>	<b>Beneficiary 3</b>
1. Identifying Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Net N.C. Source Income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Additions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Deductions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Important:** The fiduciary must provide each beneficiary an NC K-1 for Form D-407 or other information necessary for the beneficiary to prepare the appropriate North Carolina Income Tax Return.

I certify that, to the best of my knowledge, this return is accurate and complete. If prepared by a person other than fiduciary, this certification is based on all information of which the preparer has any knowledge.

Signature of Fiduciary Representing Estate or Trust _____	Date _____	Signature of Preparer Other Than Fiduciary _____	Date _____
		Address _____	
Daytime Telephone Number (Include area code) _____		Preparer's Daytime Telephone Number (Include area code) _____	