

2000 Estates and Trusts Income Tax Return

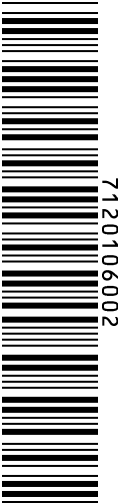
North Carolina Department of Revenue

For calendar year **2000**, or other tax year beginning (MM-DD) _____ - _____ - **00** and ending (MM-DD-YY) _____ - _____ - _____

| | | |
|--|----------------------------------|--|
| Name of Estate or Trust (Legal Name) _____ (USE CAPITAL LETTERS FOR NAME AND ADDRESS) | | 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 |
| Name of Fiduciary (Circle one): <input type="radio"/> Administrator <input type="radio"/> Executor <input type="radio"/> Other _____ | Federal Employer ID Number _____ | |
| Address _____ | | |
| City _____ | State _____ Zip Code _____ | |
| County (Enter first five letters) _____ | | |

| | |
|---|--|
| Estate Information: Date of Decedent's Death _____ Was final distribution of assets made during the tax year? <input type="radio"/> Yes <input type="radio"/> No If no return filed last year, reason why _____ | Trust Information: Date Trust Created _____ Name and Address of Grantor _____ If no return filed last year, reason why _____ |
|---|--|

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



| | | | | | |
|---|---|-----|-----------------------|--|-----|
| 1. Federal taxable income (From Federal Form 1041, Line 22) | ▶ | 1. | <input type="radio"/> | | .00 |
| 2. Additions to taxable income (From Schedule B, Fiduciary Column, Line 3) | ▶ | 2. | <input type="radio"/> | | .00 |
| 3. Add Lines 1 and 2 | ▶ | 3. | <input type="radio"/> | | .00 |
| 4. Deductions from taxable income (From Schedule B, Fiduciary Column, Line 4) | ▶ | 4. | <input type="radio"/> | | .00 |
| 5. Line 3 minus Line 4 | ▶ | 5. | <input type="radio"/> | | .00 |
| 6. Did the entity receive for the benefit of a nonresident beneficiary intangible income from any source or business income from sources outside of North Carolina? If so, enter the portion of Line 5 attributable to this income; otherwise, enter zero | ▶ | 6. | <input type="radio"/> | | .00 |
| 7. North Carolina taxable income (Line 5 minus Line 6) | ▶ | 7. | <input type="radio"/> | | .00 |
| 8. Tax due (Use the Tax Rate Schedule on Page 2 to calculate the tax due) | ▶ | 8. | <input type="radio"/> | | .00 |
| 9. Tax credits (From Form D-407TC) | ▶ | 9. | <input type="radio"/> | | .00 |
| 10. Tax paid with extension | ▶ | 10. | <input type="radio"/> | | .00 |
| 11. Other prepayments of tax | ▶ | 11. | <input type="radio"/> | | .00 |
| 12. Tax paid by partnerships or S Corporations (See instructions) | ▶ | 12. | <input type="radio"/> | | .00 |
| 13. Total tax credits and payments (Add Lines 9 through 12) | ▶ | 13. | <input type="radio"/> | | .00 |
| 14. If Line 8 is more than Line 13, subtract and enter the result | ▶ | 14. | <input type="radio"/> | | .00 |
| 15. Penalties and interest (See instructions) | ▶ | 15. | <input type="radio"/> | | .00 |
| 16. Add Lines 14 and 15 and enter the total - Pay this Amount | ▶ | 16. | <input type="radio"/> | | .00 |
| 17. If Line 8 is less than Line 13, subtract and enter the Amount to be Refunded | ▶ | 17. | <input type="radio"/> | | .00 |

\$

Legal Name (First 10 Characters)

Federal Employer ID Number

Schedule A. North Carolina Fiduciary Adjustments (See instructions.)

Additions to Federal Taxable Income

- 1. Interest income from obligations of states other than North Carolina 1. .00
- 2. State, local, or foreign income taxes deducted on the federal return 2. .00
- 3. Lump-sum distributions from a qualified pension, profit sharing, or stock bonus plan 3. .00
- 4. Other additions to federal taxable income (See instructions) 4. .00
- 5. Total additions to federal taxable income (Add lines 1 through 4) 5. .00
Apportion the additions on Line 5 between the beneficiaries and the fiduciary on Schedule B, Line 3 below

Deductions from Federal Taxable Income

- 6. Interest income from obligations of the United States, United States' possessions, or the State of North Carolina 6. .00
- 7. Taxable portion of Social Security and Railroad Retirement benefits 7. .00
- 8. Federal, state, or local government retirement benefits exclusion 8. .00
(Not to exceed \$4,000 - See instructions)
- 9. Private retirement benefits exclusion (Not to exceed \$2,000) 9. .00
- 10. Add Lines 8 and 9 10. .00
- 11. Enter the amount from Line 10 or \$4,000, whichever is less 11. .00
- 12. State, local, or foreign income tax refunds reported as income on federal return 12. .00
- 13. Other deductions from federal taxable income (See instructions) 13. .00
- 14. Total deductions from federal taxable income (Add Lines 6, 7, 11, 12, and 13) 14. .00
Apportion the deductions on Line 14 between the beneficiaries and the fiduciary on Schedule B, Line 4 below

Schedule B. Allocation of Adjustments (See instructions.)

Attach other pages if needed.

| | Fiduciary | Beneficiary 1 | Beneficiary 2 | Beneficiary 3 |
|-----------------------|----------------------|----------------------|----------------------|----------------------|
| 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. Additions | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. 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.

Tax Rate Schedule

If the amount on Page 1, Line 7 is more than

\$0
\$12,750
\$60,000

But not over

\$12,750
\$60,000
- - - -

The tax is

6% of the amount on Line 7
\$765 + 7% of amount over \$12,750
\$4,072.50 + 7.75% of amount over \$60,000

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

Telephone Number

Address

MAIL TO: North Carolina Department of Revenue, P.O. Box 25000, Raleigh, North Carolina 27640-0645

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