D-407
Web
9-08

2008 Estates and Trusts Income Tax Return

North Carolina Department of Revenue

For calendar year **2008,** or fiscal year beginning *(MM-DD)* ___ - ___ - 0 8 and ending *(MM-DD-YY)* ___ - ___ - ___

Name of Estate or Trust *(Legal Name)* *(USE CAPITAL LETTERS FOR NAME AND ADDRESS)*

Name of Fiduciary (*Circle one):* ○ Administrator ○ Executor ○ Other

Federal Employer ID Number

Address

County *(Enter first five letters)*

City

State

Zip Code

Fill in all applicable circles:
○ Initial Return
○ Amended Return
○ Final Return
○ Entity has Nonresident Beneficiaries

If estate return, was final distribution of assets made during the tax year?
○ Yes ○ No

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

Enter Whole U.S. Dollars Only

1. Federal taxable income *(From Federal Form 1041, Line 22)*	▶ 1. ○	.00
2. Additions to taxable income *(From Schedule B, Fiduciary Column, Line 3)*	▶ 2.	.00
3. Add Lines 1 and 2	3. ○	.00
4. Deductions from taxable income *(From Schedule B, Fiduciary Column, Line 4)*	▶ 4.	.00
5. Line 3 minus Line 4	5. ○	.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. ○	.00
7. North Carolina taxable income *(Line 5 minus Line 6)*	7. ○	.00
8. Tax due *(Use the Tax Rate Schedule on Page 2 to calculate the tax due)*	8.	.00
9. Tax credits *(From Form D-407TC)*	▶ 9.	.00
10. Tax paid with extension	▶ 10.	.00
11. Other prepayments of tax	▶ 11.	.00
12. Tax paid by partnerships or S Corporations and North Carolina tax withheld reported on Form 1099R *(See instructions)*	▶ 12.	.00
13. Total tax credits and payments *(Add Lines 9 through 12)*	13.	.00
14. If Line 8 is more than Line 13, subtract and enter the result	▶ 14.	.00
15. Penalties and interest (*See instructions*)	15.	.00
16. Add Lines 14 and 15 and enter the total - **Pay this Amount**	16.	$ .00
17. If Line 8 is less than Line 13, subtract and enter the **Amount to be Refunded**	▶ 17.	.00

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I certify that, to the best of my knowledge, this return is accurate and complete.

Signature of Fiduciary Representing Estate or Trust Date

▶ ___ - ___ - ___
Daytime Telephone Number *(Include area code.)*

If prepared by a person other than fiduciary, this certification is based on all information of which the preparer has any knowledge.

Signature of Preparer Other Than Fiduciary Date

Address

▶ ___ - ___ - ___
Preparer's Daytime Telephone Number *(Include area code.)*

Legal Name *(First 10 Characters)*

Federal Employer ID Number

Estate Information:

Date of Decedent's Death

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

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. Adjustment for bonus depreciation			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)* *Apportion the additions on Line 5 between the beneficiaries and the fiduciary on Schedule B, Line 3 below*			5.	.00

Deductions from Federal Taxable Income

6. Interest income from obligations of the United States or United States' possessions			6.	.00
7. Taxable portion of Social Security and Railroad Retirement benefits			7.	.00
8. Federal, state, or local government retirement benefits exclusion *(Not to exceed $4,000 - See instructions)*	8.	.00		
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. Adjustment for additional first-year depreciation added back in 2002, 2003, and 2004			13.	.00
14. Other deductions from federal taxable income *(See instructions)*			14.	.00
15. Total deductions from federal taxable income *(Add Lines 6, 7, 11, 12, 13, and 14)* *Apportion the deductions on Line 15 between the beneficiaries and the fiduciary on Schedule B, Line 4 below*			15.	.00

Schedule B. Allocation of Adjustments *(See instructions.)*

Important
If more than three beneficiaries, include separate schedule for additional beneficiaries.

Attach other pages if needed.	Fiduciary	Beneficiary 1	Beneficiary 2	Beneficiary 3
1. Identifying Number				
2. Name				
3. Additions				
4. Deductions				

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	But not over	The tax is
$0	$12,750	6% of the amount on Line 7
$12,750	$60,000	$765 + 7% of amount over $12,750
$60,000	----------	$4,072.50 + 7.75% of amount over $60,000

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