DO NOT MAIL THIS PAGE

NCDOR NORTH CAROLINA DEPARTMENT OF REVENUE

For more help go to
www.ncdor.gov/web-fill-form-instructions

Instructions for Web Fill-In Forms

Getting Started

Save the PDF to your computer

Use the latest version of Adobe Acrobat Reader to complete the form

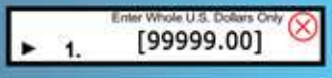
Guidelines

Do not handwrite any information

Do not use commas when entering amounts

Do not use brackets for negative numbers

Use a minus sign to show the amount is negative



Printing

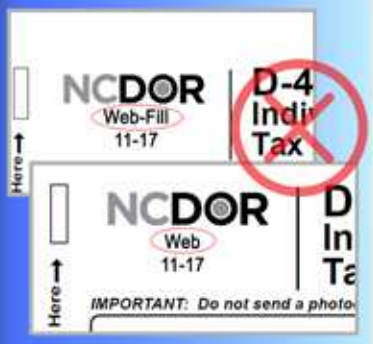
Use the print icon on the form to ensure you have completed all required fields

Before printing, select "actual size"

Do not print on both sides of the paper

Before Mailing

Do not mix form types



Do not submit photocopies of returns

Submit originals only

Staple All Pages of Your Return Here

NCDOR
Web-Fill
8-22

D-400
2022 Individual Income Tax Return

IMPORTANT: Do not send a photocopy of this form.

DOR Use Only

○ **AMENDED RETURN** Fill in circle *(See instructions)*

For calendar year **2022,** or fiscal year beginning *(MM-DD)* - 2 2 and ending *(MM-DD-YY)*

Your Social Security Number | Spouse's Social Security Number

You must enter your social security number(s)

Your First Name *(USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)*	M.I.	Your Last Name
Randolph		Lucas
If a Joint Return, Spouse's First Name	**M.I.**	**Spouse's Last Name**
Judy	R	Lucas

Mailing Address	Apartment Number
309 W Main St	

City	State	Zip Code	Country *(If not U.S.)*	County *(Enter first five letters)*
Benson	NC	27504		Johns

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 Page 2, Line 31. *(See instructions for information about the Fund.)*

Out of Country ○ Fill in circle if you, or if married filing jointly, your spouse were out of the country on April 15, 2023, and a U.S. citizen or resident.

Deceased Taxpayer Information
○ Fill in circle if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.
Enter date of death of deceased taxpayer or deceased spouse.
Taxpayer *(MM-DD-YY)* Spouse *(MM-DD-YY)*

Residency Status
Were you a resident of N.C. for the entire year? ● Yes ○ No
Was your spouse a resident for the entire year? ● Yes ○ No
*If **No**, complete and attach Form D-400 Schedule PN.*

Veteran Information Are you a veteran? ○ Yes ○ No Is your spouse a veteran? ○ Yes ○ No

Federal Extension Were you granted an automatic extension to file your 2022 federal income tax return, e.g., Form 1040? ○ Yes ○ No

Filing Status *(Fill in one circle only)*
1. ○ **Single**
2. ● **Married Filing Jointly**
3. ○ **Married Filing Separately** → *(Enter your spouse's full name and Social Security Number)* Name _____ SSN _____
4. ○ **Head of Household**
5. ○ **Qualifying Widow(er)** (Year spouse died: _____)

Enter Whole U.S. Dollars Only

6. Federal Adjusted Gross Income	6.	2211
7. Additions to Federal Adjusted Gross Income *(From Form D-400 Schedule S, Part A, Line 16)*	7.	0
8. Add Lines 6 and 7	8.	2211
9. Deductions From Federal Adjusted Gross Income *(From Form D-400 Schedule S, Part B, Line 41)*	9.	0
10. Child Deduction *(On Line 10a, enter the number of qualifying children for whom you were allowed a federal child tax credit. On Line 10b, enter the amount of the child deduction. See instructions.)*	10a.	10b.
11. ● **N.C. Standard Deduction OR** ○ **N.C. Itemized Deductions** *(Fill in one circle only. See Form D-400 Schedule A.)*	11.	25500
12. a. Add Lines 9, 10b, and 11. 25500	**12b. Subtract Line 12a from Line 8**	−23289
13. Part-year Residents and Nonresidents Taxable Percentage *(From Form D-400 Schedule PN, Line 24. Enter amount as decimal.)*	13.	
14. North Carolina Taxable Income **Full-year residents** enter the amount from Line 12b. **Part-year residents and nonresidents** multiply amount on Line 12b by the decimal amount on Line 13.	14.	0
15. North Carolina Income Tax Multiply Line 14 by 4.99% (0.0499). If zero or less, enter a zero.	15.	0

Staple W-2s Here

7020104024

Last Name *(First 10 Characters)*

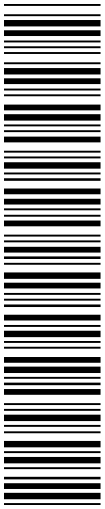
Tax Year **2022**

Your Social Security Number

16. Tax Credits *(From Form D-400TC, Part 3, Line 20)*	16.	0
17. Subtract Line 16 from Line 15	17.	0
18. Consumer Use Tax *(See instructions)* — If you certify that no Consumer Use Tax is due, fill in circle. ▶ ○	18.	0
19. Add Lines 17 and 18	19.	0
20. North Carolina Income Tax Withheld — a. Your tax withheld ▶ ; b. Spouse's tax withheld ▶		171
21. Other Tax Payments — a. 2022 estimated tax ▶ ; b. Paid with extension ▶ ; c. Partnership ▶ ; d. S Corporation ▶		
22. Additional Payments *(Amended Returns Only. See instructions)*	22.	
23. Add Lines 20a through 22	23.	171
24. Previous Refunds *(Amended Returns Only. See instructions)*	24.	
25. Subtract Line 24 from Line 23. *(If less than zero, see instructions.)*	25.	171
26. a. Tax Due - If Line 25 is less than Line 19, subtract Line 25 from Line 19. Otherwise, go to Line 28. ▶	26a.	
b. Penalties ▶ ; **c.** Interest ▶ *(Add Lines 26b and 26c and enter the total on Line 26d.)*	26d.	
e. Interest on the Underpayment of Estimated Income Tax *(See instructions and enter letter in box, if applicable.)* →	26e.	
27. Amount Due - Add Lines 26a, 26d, and 26e ***Pay in U.S. Currency from a Domestic Bank - You can pay online at www.ncdor.gov.***	27.	$
28. Overpayment - If Line 25 is more than Line 19, subtract Line 19 from Line 25.	28.	171
When filing an amended return, see instructions		
29. Amount of Line 28 to be applied to **2023 Estimated Income Tax**	29.	
30. Contribution to the **N.C. Nongame and Endangered Wildlife Fund**	30.	
31. Contribution to the **N.C. Education Endowment Fund**	31.	
32. Contribution to the **N.C. Breast and Cervical Cancer Control Program**	32.	
33. Add Lines 29 through 32	33.	0
34. Subtract Line 33 from Line 28. This is the **Amount To Be Refunded** ***For direct deposit, file electronically***	34.	171

Exception to Underpayment of Estimated Tax ▶

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.



I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Your Signature _____ Date _____

Spouse's Signature *(If filing joint return, both must sign.)* _____ Date _____

Contact Phone Number *(Include area code)* ▶

☐ **Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.**

PAID PREPARER USE ONLY

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

Paid Preparer's Signature ▶ _____ Date _____

Preparer's FEIN, SSN, or PTIN ▶

Preparer's Contact Phone Number *(Include area code)* ▶

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001

If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640