

NCDOR D-400 Individual Income

Here. 1	Tax Return 2015 IMPORTANT: Do not send a photocopy of this form. The original form is printed in pink and black ink.	O AMENDED RETURN Fill in circle. (See instructions.)							
eturn	For calendar year 2015 , or fiscal year beginning (MM-DD-YY)	ending (MM-DD-YY)							
of Your Return Here	Your Social Security Number You must enter your social security number(s).								
ges of	Your First Name(USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) M.I. Your L	ast Name							
All Pages	If a Joint Return, Spouse's First Name M.I. Spous	se's Last Name							
Staple	Mailing Address			Apartment Number					
0,	City State	Zip Code	Country (If not U.S.)	County (Enter first five letters)					
	N.C. Education Endowment Fund: You may contribute to the N.C. Education E of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU To designate your overpayment to the Fund, enter the amount of your designation	and your paym on Page 2, Line	ent of \$						
_	Fill in circle if you or your spouse were out of the country on April 15 and a U.S. citize		ath of document to the document of the documen						
0	ceased Taxpayer Information Fill in circle if return is filed and signed by Executor, Administrator or Court-Appointed Personal Representative. Taxpayer (MM-DD-YY)	inter date of de	ath of deceased taxpayer or de Spouse (MM-DD-YY)	ceased spouse.					
Re	Were you a resident of N.C. for the entire year of 2015? Was your spouse a resident for the entire year?	Yes No	If No , complete Lines 1 th Part D of Schedule S. Fill ir and complete Lines 21 thro	residency information					
Did	I you claim the standard deduction on your 2015 federal return?	Yes No							
Filing Status	 Single Fill in one circle only. (See instructions.) Married Filing Jointly Married Filing Separately In ame and Social Security Number. Head of Household Qualifying Widow(er) with Dependent Child (Year spouse died:)	Enter Whole U.S. Dollars Only						
	6. Adjusted gross income from your federal return (If negative, see instructions.)	▶ 6.		702					
	7. Additions to federal adjusted gross income (From Line 4 of Form D-400 Schedule S, Part A)	> 7.		01040					
Γ_	8. Add Lines 6 and 7.	8.		317					
	9. Deductions from federal adjusted gross income (From Line 12 of Form D-400 Schedule S, Part B)	9 .							
🕇	10. Subtract Line 9 from Line 8. 11. N.C. standard deduction OR N.C. itemized deductions	10.							
Here.	Fill in one circle only. (If itemizing, complete Part C of Form D-400 Schedule S, and enter the amount from Line 20.)	1 1.							
	12. Subtract Line 11 from Line 10.	12.							
Staple	13. Part-year residents and nonresidents (From Line 23 of Form D-400 Schedule S, Part D)	1 3.							
	14. North Carolina Taxable Income Full-year residents enter the amount from Line 12. Part-year residents and nonresidents multiply amount on Line 12 by the decimal amount on Line 13.	1 4.							
' I	15. North Carolina Income Tax To calculate your tax, multiply Line 14 by 5.75% (0.0575). If Line 14 is negative, enter -0- on Line 15.	1 5.							

	10-13		Be sure to sign and	l date your returr	n below.		
16.		n D-400TC, Part 3, Line 19 - enter an amount on this line			> 16	5.	
17.	Subtract Line 16 from L	_ine 15.				7.	
18.	Consumer Use Tax (Se	ee instructions.)	If you certify that no Use Tax is due, fil	Consumer I in circle.	→ ○	3.	
19.	Add Lines 17 and 18.					9.	
20.	North Carolina Income Tax Withheld	a. Your tax withheld	b. ▶	Spouse's tax w	thheld		
21.	Other Tax Payments	a. 2015 estimated tax	b.	Paid with exten	sion		If you claim a artnership payment on Line 21c or S
		c. Partnership	d.	S Corporation		on	prporation payment Line 21d, you must ttach a copy of the NC K-1.
		>	•				NO K 7.
22.	Amended Returns Onl	l y - Previous payments <i>(See)</i>	Amended Returns in	instructions.)	2	2.	
23.	. Total Payments - Add L	ines 20a through 22.			2	3.	
24.	Amended Returns Onl	ly - Previous refunds (See An	nended Returns in ins	structions.)	2	4.	
25.	Subtract Line 24 from L	Line 23.			2	5.	
26.	a. Tax Due - If Line 19 (If Line 25 is negativ	is more than Line 25, subtractions.)	t Line 25 from Line 1	9.	▶ 26	a.	
	b. Penalties	c. Interest	(Add Lin and 26 enter the	c and e total	26	d.	
	e. Interest on the und	erpayment of estimated inc d enter letter in box, if applica	on Line	26d.)	▶ 26	•	
27.	Add Lines 26a, 26d, an		underpayr	ment ===	27.	Φ.	
28.	Overpayment - If Line of subtract Line 19 from Li	19 is less than Line 25, ne 25.	•		70202	8.	
29.		n amended return, see instrue applied to 2016 Estimated I			= 6 ,	9.	
30.	Contribution to the N.C.	Nongame and Endangered	Wildlife Fund		■ 7 > 3	0.	
31.	Contribution of overpay	ment to the N.C. Education I	Endowment Fund		■ > 3	1.	
32.	Add Lines 29, 30, and 3	31.			3	2.	
33.		ine 28. This is the Amount electronically. Go to www.		k on <u>eServices</u> .		3.	
	I certify that, to the best	of my knowledge, this return is ac	curate and complete.	If prepared by a information of wh	person other than tax ich the preparer has	payer, this certif any knowledge.	ication is based on all
Sign Here	Your Signature		Date	Paid Preparer's Si	gnature		Date
Sig	Spouse's Signature (If filing	g joint return, both must sign.)	Date	Preparer's FEIN, S	SSN, or PTIN	>	
	Home Telephone Nu	mber (Include area code.)		Preparer's T	elephone Number (Inc.	lude area code.)	
	eturn to: P.O. BO	EPT. OF REVENUE DX R FOR SH. NC 27634-0001	ORIGINAL RETUR	RNS ONLY r	f you ARE NOT do efund, mail return payment, and D-4	n, any P.O	. DEPT. OF REVENUE . BOX 25000 .EIGH. NC 27640-0640