

D-407TC 2021 Estates and Trusts Tax Credit Summary

| DOR | П |
|------|-----|
| Use | - 1 |
| Only | - 1 |

File this form with Form D-407, Estates and Trusts Income Tax Return, if tax credits are allocated to the fiduciary. Enter only the portion of the tax credit allocated to the fiduciary. (For more information, see the instructions for Form D-407.) Federal Employer ID Number Legal Name (First 10 Characters) Part 1. Tax Credits Not Subject to 50% of Tax Limit (Attach schedule for each credit) 1. Credit for Tax Paid to Another State or Country 00 (From Part 5, Section B, Line 7) 2. Rehabilitating an Income-Producing Historic Structure OO (Article 3D) (Enter amount of installment) 3. Rehabilitating a Nonincome-Producing Historic Structure 00 (Article 3D) (Enter amount of installment) 4. Rehabilitating an Income-Producing Historic Mill Facility 00 (Article 3H) (Enter the total amount of tax credit) 5. Rehabilitating a Nonincome-Producing Historic Mill Facility (Article 3H) (Enter amount of installment) 6. Rehabilitating an Income-Producing Historic Structure (Article 3L) (From Form NC-Rehab, Part 4, Line 23) 7. Rehabilitating a Nonincome-Producing Historic Structure (Article 3L) (From Form NC-Rehab, Part 4, Line 26) 00 8. Tax Credits Carried Over From Previous Years (Do Not Include Any Carryover of Tax Credits Claimed on Form NC-478 00 or Form NC-Rehab.) 9. Total Tax Credits 00 (Add Lines 1 through 8) 10. Amount of Income Tax Due (From Form D-407, Page 1, Line 8) OO 11. Enter the Lesser of Line 9 or Line 10 .00 Part 2. Tax Credits Subject to 50% of Tax Limit 12. Total Tax Credits Subject to 50% Limit Taken in Current Period .00 (From Form NC-478, Part 3) Part 3. Total Credits Applied to Current Year 13. Reserved .00 14. Add Lines 11 through 13 .00 (Enter the amount here and on Form D-407, Line 9a) Part 4. Qualified Rehabilitation Expenditures and Expenses On Lines 15 through 18, enter the amount of qualified rehabilitation expenditures or rehabilitation expenses only if tax year 2021 is the first year the credit is taken. Note: For Lines 15 and 16, the expenditures and expenses must have been incurred prior to January 1, 2015. 15. Qualified rehabilitation expenditures for rehabilitating income-producing .00 historic structure (Article 3D) 16. Rehabilitation expenses for rehabilitating nonincome-producing historic .00 structure (Article 3D) 17. Qualified rehabilitation expenditures for income-producing rehabilitated mill property (Article 3H) -00 18. Rehabilitation expenses for nonincome-producing rehabilitated mill 18 property (Article 3H) .00

| Page 2 D-407TC | | | | | | |
|-------------------|--|--|--|--|--|--|
| Web | | | | | | |
| 11-21 | | | | | | |

| Legal Name (First 10 Characters) | Federal Employer ID Number | |
|----------------------------------|----------------------------|--|
| | | |

Part 5. Tax Paid to Another State or Country

| A. Apportionment of Income | | ther State or Country (See | instructions) | | |
|--|-------------------------|-------------------------------|-----------------------------|---------------|----|
| Attach other pages if needed. | Fiduciary | Beneficiary 1 | Beneficiary 2 | Beneficiary 3 | |
| 1. Identifying Number | | | | | |
| 2. Name | | | | | |
| 3. Share of Gross Income on which Tax was Paid to Another State or Country | | | | | |
| 4. Share of Tax Paid to Another State or Country | | | | | |
| B. Computation of Tax Cred | lit for Tax Paid to And | ther State or Country | | | |
| 1. Fiduciary's share of gross i | ncome taxed in anothe | r state or country (From Fidu | ciary Column, Line 3 above) | 1. | 00 |
| 2. Fiduciary's share of total | | 2 | 00 | | |
| 3. Percentage of income taxe | ne 2) | 3. | % | | |
| 4. Amount of North Carolina | 4. | 00 | | | |
| 5. Computed tax credit (Mulity | oly Line 3 by Line 4) | | | 5. | 00 |
| 6. Fiduciary's share of tax pa Attach copy of return and proof | | r country (From Fiduciary Co | olumn, Line 4 above. | 6. | 00 |
| 7. Enter the lesser of Line 5 | 7. | 00 | | | |