NCDOR | 2021 D-407 | Estates and Trusts Income Tax Return

DOR	
Use	
Use Only	

	For calendar year 2021 , or fiscal year beginning and ending (MM-DD) and ending (MM-DD-YY)			Fill in all applicable circles:
Nar	me of Estate or Trust (Legal Name) (USE CAPITAL LETTERS FOR NAME AND ADDRESS)			Initial ReturnAmended Return
				Final Return
Na	me of Fiduciary (Circle one): Administrator Executor Other	Federal E	Employer ID Number	O Entity has Nonresident
_				Beneficiaries O Qualified
Add	ress	Ара	rtment Number	Funeral Trust NC-PE attached
City	State Zip Code		County (Enter first five letters)	If estate return, was final distribution of
City	State Zip Code	_	County (Enter his live letters)	assets made during the tax year?
N.	C. Education Endowment Fund: You may contribute to the N.C. Education Endowment F	und by m	naking a contribution or des	Yes No
yo	ur overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your paymen designate your overpayment to the Fund, enter the amount of your designation on Line 19	nt of \$	· ·	
Fe	ederal Extension Was the entity granted an automatic extension to file its 2021 federal	income t	tax return, e.g., Form 1041	? Yes No
1.	Federal Taxable Income (See instructions) If amount on Line 1, 3, 5,) 1.	0	00
2.	Additions to Federal Taxable Income (From Schedule A Fiduciary Column Line 4) 6, or 7 is negative	> 2.		00
3.	Add Lines 1 and 2	3.	0	
4.	Deductions from Federal Taxable Income (From Schedule A, Fiduciary Column, Line 5)	> 4.		00
5.	Subtract Line 4 from Line 3	5.	0	
6.	Income Not Taxable to North Carolina (See instructions)	▶ 6.	0	.,
	North Carolina Taxable Income	7.	0	,
8.	(Subtract Line 6 from Line 5) N.C. Income Tax (Multiply Line 7 by 5.25% (0.0525))	▶ 8.		
	Credits and Payments	V 0.	- 	
J.	(When filing an amended return, see instructions)			
	a. Tax Credits (From Form D-407TC, Line 14)	▶ 9a.		.,
	b. Tax Paid with Extension	▶ 9b.		
	c. Tax Paid by Partnerships or S Corporations	▶ 9c.		
	d. North Carolina Tax Withheld Reported on Form 1099	▶ 9d.	, ,	
	e. Other Payments	▶ 9e.	, ,	00
10.	Add Lines 9a through 9e	10.	,	
11.	Tax Due (If Line 8 is more than Line 10, subtract Line 10 from Line 8 and enter the tax due here. Otherwise, subtract	▶ 11.	- 	,
12	Line 8 from Line 10 and enter the overpayment on Line 14.) 12a. Penalties 12b. Interest	,	-	
12.	(Add Lines 12a and	12c.		00
13	Total Due (Add Lines 11 and 12c) Pay in U.S. Currency from a Domestic Bar	nk .	ф	
	You can pay online at <u>www.ncdor.gov</u> .	13.	Φ	
14.	Overpayment	14.	. , . , , .	.,
15.	Amount of Line 14 contributed to N.C. Nongame and Endangered Wildlife Func	d ▶ 15.	. , . , , .	
16.	Amount of Line 14 contributed to N.C. Education Endowment Fund	▶ 16.	- 	.,
17.	Amount to be Refunded Subtract Lines 15 and 16 from Line 14	▶ 17.	. , . , .	.,

Page 2 Legal Name (First 10 Characters)				Federal Employer ID Number				
D-407 Web					_			
8-21			T 4 1	<u> </u>				
Estate Information:				formation: st Created				
Date of Decedent's Death			Name and					
If no return filed lest year			of Granto					
If no return filed last year, reason why								
			If no rotur	n filed last year,				
			reason w	hy				
			.					
Schedule A. Apportionmen and Trusts. The additions and de the taxable year. For more inform	ductions must be apportion							
	Important: If	more than three ben	eficiaries, includ	e separate schedule for add	ditional b	eneficiaries.		
Attach other pages if needed.	Fiduciary	Benefici	ary 1	Beneficiary 2		Beneficiary 3		
1. Identifying Number								
2. Name								
3. Net N.C.					ヨ戸			
Source Income					러는			
4. Additions					닉늗			
5. Deductions								
Important: The fiduciary m to prepare the a	ust provide each benefici appropriate N.C. tax returi	ary a Form NC K-1 า.	for Form D-40	7 and any other information	on neces	sary for the beneficiary		
Explanation of changes for	Amended Return (Attac	h additional sheets if	necessarv)					
	(,,					
I declare and certify that I have examined	this return and accompanying so	hedules and statements	and to the best of n	ny knowledge and belief, they are t	rue correc	t and complete		
Tablato and obtain and that of the state of	. and rotain and accompanying co	nodulos una statomorno,		ct Phone Number	. 40, 0000	, and complete.		
			(Ir	nclude area code)				
Signature of Fiduciary Representing E		Date	anua ta diaawaa	this return and ettechnicut	ماه ماهانی، م	- noid muonous bolo		
				this return and attachment	s with th	e paiu preparer below.		
	than fiduciary, this certification is b	pased on all information o	f which the prepare	r has any knowledge.				
ONE			_					
A A B A B A B A B A B A B A B A B A B A	Than Fiduciary	Date	Preparer's Conta (Ir	ct Phone Number nclude area code)	-	-		
			("	,				
Address								