D-407 (SD) **2021 Estates and Trusts Income Tax Return**

North Carolina Department of Revenue 8-25-21

·	DOR Use Only							
For calendar year 2021 or fiscal year beginning 12	2 19 21 and ending 12 19 99							
ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMN ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMN ABCDEFGHIJKLMNOPQRSTUVWXYZABCDE 12345 ABCDEFGHIJKLMNOPQR NC 12345-1234 ABCDE								
Filing Information: Initial Return Amended Return Estate Information: Date of Decedent's Death Trust Information: Date Trust Created Initial Return Amended Return Entity has Nonresident Beneficiaries If no return filed last year, reason why ABCDEFGH ABCDEFGHIJKLMNOPQRSTUVWXYZABC distribution of assets If no return filed last year, reason why ABCDEFGH Made during the tax year. ABCDEFGHIJKLMNOPQRSTUVWXYZABC								
Name and Address of Grantor ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMN ABCDEFGHIJKLMNOPQRSTUVWXYZABCD ABCDEFGHIJKLMNOPQR AB 12345 ABCDEFGHIJKLMN								
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 \$ 12345678. To designate your overpayment to the Fund, enter the amount of your designation on Line 19. See instructions for information about the Fund. Federal Extension Was the entity granted an automatic extension to file its 2021 federal income tax return (Form 1041)? Yes X No								
ABCD ABCD 12345 IR A AR A FR A	A NRB A QFT A PE A							
ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMN	999123456 FDA A							
ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMN	FDEXT Y							
ABCDEFGHIJKLMNOPQRSTUVWXYZABCDE 12345	11 1234567890							
ABCDEFGHIJKLMNOPQR AB 12345-1234	12A 123456							
01 -1234567890 09A 1234567890	12B 123456							
02 1234567890 09B 1234567890	13 1234567890							
04 1234567890 09C 1234567890	15 1234567890							
06 -1234567890 09D 1234567890	16 1234567890							
08 1234567890 09E 1234567890	17 1234567890							
Sign Return Below Refund Due 1234567890 Payment Due 1234567890								
Signature of Fiduciary Representing Estate or Trust 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.								
I declare and certify that I have examined this return and accompanying schedules and statements, and to the signature of Preparer Other Than Fiduciary Date F	the best of my knowledge and belief, they are true, correct, and complete. () Preparer's Contact Phone Number (Include area code)							
MAIL TO: North Carolina Department of Revenue, P.O. Box	x 25000. Raleigh, North Carolina 27640-0640							

Last Name (First 10 Characters) ABCDEFGHIJ Federal Employer ID Number 999123456

Computation of Income Tax Due or Refund

1.	Federal Taxable Income	11234567890
2.	Additions to Federal Taxable Income	2. 1234567890
3.	Add Lines 1 and 2	31234567890
4.	Deductions from Federal Taxable Income	4. 1234567890
5.	Subtract Line 4 from Line 3	51234567890
6.	Income Not Taxable to North Carolina	61234567890
7.	North Carolina Taxable Income	71234567890
8.	N.C. Income Tax	8. 1234567890
9.	Credits and Payments	
	a. Tax Credits	9a. 1234567890
	b. Tax Paid with Extension	9b. 1234567890
	c. Tax Paid by Partnerships or S Corporations	9c. 1234567890
	d. North Carolina Tax Withheld Reported on Form 1099	9d. 1234567890
	e. Other Payments	9e. 1234567890
10.	Add Lines 9a through 9e	10. 1234567890
11.	Tax Due	11. 1234567890
12.	a. Penalties	12a. 123456
	b. Interest	12b. 123456
	c. Total	12c. 1234567890
13.	Total Due (Add Lines 11 and 12c) Pay in U.S. Currency from a Domestic Bank.	13. 1234567890
14.	Overpayment	14. 1234567890
15.	Amount of Line 14 contributed to N.C. Nongame and Endangered Wildlife Fund	15. 1234567890
16.	Amount of Line 14 contributed to N.C. Education Endowment Fund	16. 1234567890
17.	Amount to be Refunded	17. 1234567890

Schedule A. Apportionment of Income and Adjustments

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

	Fiduciary	Beneficiary 1	Beneficiary 2	Beneficiary 3
Identifying Number	123456789	123456789	123456789	123456789
2. Name	ABCDEFGHIJKLMNO	ABCDEFGHIJKLMNO	ABCDEFGHIJKLMNO	ABCDEFGHIJKLMNO
	ABCDEFGHIJKLMNO	ABCDEFGHIJKLMNO	ABCDEFGHIJKLMNO	ABCDEFGHIJKLMNO
3. Net N.C. Source Income		1234567890	1234567890	1234567890
4. Additions	1234567890	1234567890	1234567890	1234567890
5. Deductions	1234567890	1234567890	1234567890	1234567890

Important:

The fiduciary must provide each beneficiary a Form NC K-1 for Form D-407 and any other information necessary for the beneficiary to prepare the appropriate N.C. tax return.

Explanation of changes for Amended Return (Attach additional sheets if necessary)

