	••	NCDOR D-400 2021 Individual Income Tax Return	DOR Use Only			
	\frown	CORTANT: Do not send a photocopy of this form. Print in Black or Blue Ink Only. No Pencil or Red Ink. (For calendar year 2021, or fiscal year beginning (MM-DD) $=$ $=$ $=$ 2 1 and ending (MM-DD)	Fill in circle (See instructions)			
For calendar year 2021, or fiscal year beginning (MM-DD)						
Your	Spouse s social Security Number social Secur					
Your First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) M.I. Your Last Name						
ages						
All P		If a Joint Return, Spouse's First Name M.I. Spouse's Last Name				
		Mailing Address	Apartment Number			
taple						
S		City State Zip Code Country (If not U	.S.) County (Enter first five letters)			
		C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a co	antribution or designating some or all			
ABC	of	your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$	·			
0t		designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instruct Country O Fill in circle if you, or if married filing jointly, your spouse were out of the country on April 15, 2022, and				
		sed Taxpayer Information Enter date of death of deceased taxp				
0	Fill ir	n circle if return is filed and signed by Executor.				
Residency Status Were you a resident of N.C. for the entire year? Yes No If No, complete and attach Form D-400 Schedule PN.						
Vet	erar	n Information Are you a veteran? O Yes O No Is your spouse a veteran? O Yes	Yes 🔵 No			
Federal Extension Were you granted an automatic extension to file your 2021 federal income tax return, e.g., Form 1040? Yes No						
v						
tige 2. ○ Married Filing Jointly						
g S i Re cir	(Enter your spouse's Name → full name and Social Security Number) SSN					
Filing (Fill in one	4. 5.	Enter Whole U.S.	Dollars Only			
Ē		Federal Adjusted Gross Income				
		Additions to Federal Adjusted Gross Income	.00			
		(From Form D-400 Schedule S, Part A, Line 15) negative, fill in circle.	.00			
	ð.	Add Lines 6 and 7 Example: 8.	.00			
1		Deductions From Federal Adjusted Gross Income (From Form D-400 Schedule S, Part B, Line 38) 9. Child Deduction On Line 400 ontention of supplicing children	.00			
O	10.	Deductions From Federal Adjusted Gross Income (From Form D-400 Schedule S, Part B, Line 38) 9. 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 10a. the amount of the child deduction. See instructions.)				
s Here	10.	(From Form D-400 Schedule S, Part B, Line 38) 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 10a. 10b. 10b. 10b. 10b. 10b. 10b. 10b. 10b				
le W-2s Here	10. 11.	(From Form D-400 Schedule S, Part B, Line 38) 9. 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. N.C. Standard Deduction OR N.C. Itemized Deductions 11	,			
Staple W-2s Here	10. 11. 12.	 (From Form D-400 Schedule Š, Part B, Line 38) 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 ▶ 10a. ▶ 10b. N.C. Standard Deduction OR N.C. Itemized Deductions (Fill in one circle only. See Form D-400 Schedule A.) a. Add Lines 9, 10b. 12b. Subtract the amount on Line 10b. 10b. 10b. 10b. 10b. 10b. 10b. 10b.	, .00 .00 .00 .00 .00 .00 .00 .00 .00 .0			
Staple W-2s Here	10. 11. 12. 13.	 (From Form D-400 Schedule Š, Part B, Line 38) 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 ▶ 10a. ▶ 10b. N.C. Standard Deduction. See instructions.) N.C. Standard Deduction OR N.C. Itemized Deductions (Fill in one circle only. See Form D-400 Schedule A.) a. Add Lines 9, 10b, and 11. 00, and 10, an	, .00 .00 .00 .00 .00 .00 .00 .00 .00 .0			

Page 2 D-400	Last Name (First 10 Characters)	Your Social S			
16. Tax Credits	(From Form D-400TC, Part 3, Line 20)	▶ 16.	.00		
17. Subtract Lin	ne 16 from Line 15	17.			
18. Consumer L	Jse Tax (See instructions)	▶ 18.			
19. Add Lines 17	7 and 18	19.	.00		
20. North Caroli Income Tax		.0	,,		
21. Other Tax P	,,,,,,,		If you claim a partnership payment		
		.0	0 on Line 21c or S corporation payment on Line 21d, you must		
	c. Partnership d. S Corporation	.0	attach a copy of the NC K-1.		
22. Amended R	eturns Only - Previous payments (See "Amended Returns" in instructions)	22.	.00		
23. Total Payme	ents - Add Lines 20a through 22	23.			
24 Amondod P	negative, fill in circle. Exeturns Only - Previous refunds (See "Amended Returns" in instructions) Example:	24.			
	the 24 from Line 23. (If less than zero, see instructions.)	25.	.00		
26. a. Tax Due	- If Line 19 is more than Line 25, subtract Line 25 from Line 19.		.00		
b. Penalties	() (ad 1.1.00 100	► 26a.	.00		
	and 26c and enter the total on Line 26d.)	26d.	.00		
e. Interest o (See instr	on the Underpayment of Estimated Income Tax ructions and enter letter in box, if applicable.)	► 26e.	.00		
Pay in U.S.	Add Lines 26a, 26d, and 26e <i>Currency from a Domestic Bank - You can pay</i> <i>ww.ncdor.gov.</i> of Estimated Tax	27. \$.00		
28. Overpayme	nt - If Line 19 is less than Line 25, a 19 from Line 25.	28.	.00		
29. Amount of Li	When filing an amended return, see instructions.	▶ 29.	.00		
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	9 through 32	33.			
	he 33 from Line 28. This is the Amount To Be Refunded	▶ 34.			
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 Nur (Include area c			olina Department of Revenue to the paid preparer below.		
	d by a person other than taxpayer, this certification is based on all of which the preparer's FEIN, SSN, or PTIN	Preparer'	s Contact Phone Number (Include area code)		
	parer's Signature Date				
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					