| D | -400 | Sch | AM | (SD) |  |
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|   |      |     |    | \ /  |  |

Amended Schedule

North Carolina Department of Revenue

| DOR                |  |  |   |  |
|--------------------|--|--|---|--|
| DOR<br>Use<br>Only |  |  | П |  |
|                    |  |  |   |  |

12-1-21

Important: When filing an amended North Carolina individual income tax return, you must complete Form D-400 for the taxable year you are amending and fill in the "Amended Return" circle located at the top right of the form. In addition, you must attach this schedule, along with all supporting forms and schedules, to the front page of the amended Form D-400. If you do not, your refund may be delayed

|        | For calendar year                         | 1234           | or other tax ye                 | ar beginning                  | 12                   | 45              | 78       | and ending                        | 12                      | 45      | 78                    | $\prod$     |
|--------|-------------------------------------------|----------------|---------------------------------|-------------------------------|----------------------|-----------------|----------|-----------------------------------|-------------------------|---------|-----------------------|-------------|
| AL     | EXANDERX15M                               | IAX K          | MCALLIS                         | TERXXXX                       | X20M                 | IAX             |          |                                   | SSN                     | 900     | 1234                  | 5€          |
| MI     | CHELLEXX15M                               | MAX Q          | MCALLIS                         | TERXXXX                       | X20M                 | IAX             |          | Spouse's S                        | SN                      | 900     | 1234                  | .56         |
|        | Select box if there is a                  | a change in m  | nailing address.                |                               |                      |                 |          |                                   |                         |         |                       |             |
| 51     | 21 VALDEZ C                               | XXXXXT         | xxxxxxx                         | XXX35MA                       | X 1                  | 105             | 6        |                                   |                         |         |                       |             |
| RA     | LEIGHXXXXX                                | (XX20MA        | X NC                            | 27605                         | FR                   | NCO             | UNT      | RY WAI                            | KEX                     |         |                       |             |
| ≀easo  | on(s) for Amending Yo                     | ur Return      |                                 |                               |                      |                 |          |                                   |                         |         |                       |             |
|        | Federal audit chang                       | je (Attach fed | eral audit report               | )                             |                      |                 |          |                                   |                         |         |                       |             |
|        | Additional Income (                       |                |                                 |                               |                      |                 |          |                                   |                         |         |                       |             |
|        | Adjustments to D-40                       |                |                                 | ule and any sup               | porting              | docun           | nentati  | ion)                              |                         |         |                       |             |
| ш      | Adjustments to D-40                       |                |                                 |                               |                      |                 |          |                                   | not fill in             | this ci | rcle if yo            | u a         |
| Щ      | amending your retu                        | rn to deduct e | expenses paid w                 | ith a forgiven P              | PP loa               | n. Inste        | ad, fill | l in the circle be                | elow.)                  |         |                       |             |
| ш      | Expenses Paid With                        | ո a Forgiven ք | PP Loan (Inclu                  | de copy of your               | r 2020 F             | orm D           | -400 a   | and any suppor                    | ting doc                | umenta  | ation.                |             |
|        | Important: Include                        | a copy of you  | r 2020 Form D-4                 | 400 Schedule S                | 5.)                  |                 |          |                                   |                         |         |                       |             |
| Щ      | Adjustments to D-40                       | 00 Schedule    | PN or PN-1 (Atta                | ach schedule ar               | nd any               | suppor          | ting do  | ocumentation)                     |                         |         |                       |             |
| ш      | Tax Credits (Attach                       | Form D-400T    | ·C)                             |                               |                      |                 |          |                                   |                         |         |                       |             |
| ш      | Filing Status (Note:                      | You cannot     | change from join                | nt to separate r              | eturns               | after th        | e due    | date of the orig                  | ginal retu              | rn)     |                       |             |
| Щ      | Change in Social Se                       | ecurity Numb   | er or ITIN (SSN                 | or ITIN on origi              | nal retu             | ırn 1           | 234      | 56789)                            |                         |         |                       |             |
| Щ      | Military spouse resid                     | dency electio  | n pursuant to Ve                | terans Benefits               | and Tr               | ansitio         | n Act    |                                   |                         |         |                       |             |
| 片      | Original Return Pre                       |                |                                 |                               |                      |                 |          |                                   |                         |         |                       |             |
| H      | Net operating loss (                      | Include copy   | of your federal f               | orm 1045, inclu               | iding S              | chedul          | es A ai  | nd B)                             |                         |         |                       |             |
| H      | Injured/innocent spo                      | ouse           |                                 |                               |                      |                 |          |                                   |                         |         |                       |             |
| H      | Tax Treaties                              |                |                                 |                               |                      |                 |          |                                   |                         |         |                       |             |
| Щ      | Unemployment Con                          | npensation N   | ot Included in Fe               | ederal Adjusted               | Gross                | Incom           | e for Ta | ax Year 2020 (                    | Attach ar               | ny supp | oorting               |             |
|        | documentation)                            |                |                                 |                               |                      |                 |          |                                   |                         |         |                       |             |
| Н      | Other                                     |                |                                 |                               | 4.1                  |                 | +        |                                   | +++                     | ++      | +++                   | Н           |
| H      |                                           |                |                                 | anation of                    |                      | _               |          |                                   |                         | ++      |                       |             |
|        | ribe in detail the reas                   |                |                                 |                               |                      |                 |          |                                   |                         |         |                       |             |
|        | re to include your n                      |                |                                 |                               |                      |                 |          |                                   |                         |         |                       |             |
|        | al return, include a                      |                |                                 |                               |                      |                 |          | -                                 |                         | -       |                       |             |
| nciud  | le corrected Forms<br>lete Form D-400 for | the taxable    | 9. Important:<br>vear vou are a | vvnen illing a<br>mending and | an ame<br>fill in tl | enaea<br>ne "An | nende    | i Carolina indi<br>d Return" circ | ividuai ii<br>de locati | ed at t | e lax rei<br>he top i | urr<br>riah |
| of the | form. Attach this s                       | chedule, alo   | ng with all sup                 | porting forms                 | and so               | hedul           | es, to   | the front pag                     | e of the                | amen    | ded D-                | 100         |
| Refur  | nds will not be pro                       | cessed wit     | hout a compl                    | ete explanati                 | ion of               | chan            | jes a    | nd required                       | attachn                 | nents   |                       | П           |
| 7 D    | CDEFGHIJKLM                               | INODODE        | mi it 11.17.77.77.77.7          | DCDEECU.                      | ттит                 | MNIO.           | DOD      | CMIII II II VV                    | 7 N D C F               | SEEC    | עד דנוי               | T           |
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|        | CDEFGHIJKLM                               |                |                                 |                               |                      |                 | 100      |                                   |                         |         |                       |             |
| AB     | CDEL GUTO VER                             | INOPORS        | TUVWXYZA                        | BCDEFGH                       | IJKL                 | MNO.            | POR      | STUVWXYZ                          | ABCL                    | ᄯᅜ      | птпи                  | ш.          |