D-407 (SD) **2022** Estates and Trusts Income Tax Return

North Carolina Department of Revenue 8-16-22

·	DOR Use Only													
For calendar year 2022 or fiscal year beginning 12	19 22 and ending 12 19 99													
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Filing Information: X Initial Return X Final Return	Qualified Funeral Trust													
☐ Amended Return ☐ Entity has Nonresider Estate Information: Beneficiaries	If no return filed last year, reason why ABCDEFGH													
Date of Decedent's Death 12 19 99 🗵 Check box if final Trust Information: distribution of assets	ABCDEFGHIJKLMNOPQRSTUVWXYZABC If no return filed last year, reason why ABCDEFGH													
Date Trust Created 12 19 99 made during the tax year.	ABCDEFGHIJKLMNOPQRSTUVWXYZABC													
Name and Address of Grantor ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMN ABCDEFGHIJKLMNOPQRSTUVWXYZABCD														
ABCDEFGHIJKLMNOPQR AB 12345 A N.C. Education Endowment Fund: You may contribute to the N.C. Education Endow														
of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU a	and your payment of \$ 1234567890. To designate your													
overpayment to the Fund, enter the amount of your designation on Line 16. See inst Federal Extension Was the entity granted an automatic extension to file its 2022 fed														
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06 -1234567890 09D 1234567890	16 1234567890													
08 1234567890 09E -1234567890	17 1234567890													
Sign Return Below Refund Due 1234567890	☐ Payment Due 1234567890													
I certify that, to the best of my knowledge, this return is accurate and complete.														
Signature of Fiduciary Representing Estate or Trust Date Conta) ct Phone Number (Include area code)													
Check here if you authorize the North Carolina Department of Revenue to discus	s 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 bi	est of my knowledge and belief, they are true, correct, and complete.													
Signature of Preparer Other Than Fiduciary Date Prepa	rer's Contact Phone Number (Include area code)													
MAIL TO: North Carolina Department of Revenue, P.O. Box 29	5000, Raleigh, North Carolina 27640-0640													

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Last Name (First 10 Characters) ABCDEFGHIJ	Federal Employer ID Number	999123456
Computation of Income Tax Due or Refund		
Federal Taxable Income including ESBT 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		9e1234567890
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. Amount 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.

Schedule B. Income Not Taxable to North Carolina

	Amount
Intangible income for the Benefit of Nonresident Beneficiaries	1234567890
2. Income for the Benefit of Nonresident Beneficiaries from Sources Other than North Carolina	1234567890
3. Intangible income for the Benefit of Resident Beneficiaries	1234567890
4. Income for the Benefit of Resident Beneficiaries from Sources Other than North Carolina	1234567890
5. Total	1234567890

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

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