

D-407 (SD)
8-17-23

2023 Estates and Trusts Income Tax Return
North Carolina Department of Revenue

DOR
Use
Only

For calendar year 2023 or fiscal year beginning 12 19 23 and ending 12 19 99

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OPQRSTUVWXYZ
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ABCDEFGHIJKLMN
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12345
ABCDEFGHIJKLMN
OPQR NC 12345-1234

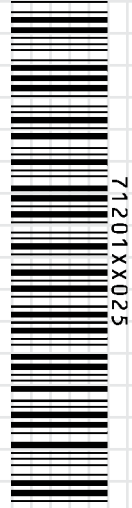
Federal Employer ID Number: 999123456
 Administrator Executor Other

Filing Information: Initial Return Final Return Qualified Funeral Trust ESBT Income
 Amended Return Entity has Nonresident NC-PE attached
Estate Information: Beneficiaries If no return filed last year, reason why ABCDEFGH
Date of Decedent's Death 12 19 99 Check box if final ABCDEFGHIJKLMNOPQRSTUVWXYZABC
Trust Information: distribution of assets 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
ABCDEFGHIJKLMN
OPQRSTUVWXYZABC
ABCDEFGHIJKLMN
OPQR AB 12345 ABCDEFGHIJKLMN

N.C. Education Endowment Fund: The estate or trust may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of the estate's or trust's overpayment to the Fund. To make a contribution, enclose Form NC-EDU and the estate's or trust's payment of \$ 1234567890. To designate the estate's or trust's overpayment to the Fund, enter the amount of the estate's or trust's designation on Line 16. See instructions for information about the Fund.

Federal Extension Was the entity granted an automatic extension to file its 2023 federal income tax return (Form 1041)? Yes No

ABCD	ABCD	12345	IR	A	AR	A	FR	A	NRB	A	QFT	A	PE	A
ABCDEFGHIJKLMN	OPQRSTUVWXYZ	ABCDEFGHIJKLMN	999123456	ESBT	A									
ABCDEFGHIJKLMN	OPQRSTUVWXYZ	ABCDEFGHIJKLMN	FDA	A	FDEXT	Y								
ABCDEFGHIJKLMN	OPQRSTUVWXYZ	ABCDE 12345	11	1234567890										
ABCDEFGHIJKLMN	OPQR	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

I certify that, to the best of my knowledge, this return is accurate and complete.

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 best of my knowledge and belief, they are true, correct, and complete.

Signature of Preparer Other Than Fiduciary Date ()
Preparer's Contact Phone Number (Include area code)

Address

MAIL TO: North Carolina Department of Revenue, P.O. Box 25000, Raleigh, North Carolina 27640-0640

