2024 Estates and Trusts Income Tax Return

8-15-24 North Carolina Department of Revenue

	riorar caronna Doparanoni or riovonac	DOR Use Only
For calendar year 2024 or	fiscal year beginning 12 19 24 and er	nding 12 19 99
ABCDEFGHIJKLMNOPQRSTUVV ABCDEFGHIJKLMNOPQRSTUVV ABCDEFGHIJKLMNOPQRSTUVV ABCDEFGHIJKLMNOPQR NC 1	VXYZABCDEFGHIJKLMN VXYZABCDE 12345	or ID Number: 999123456
	Return Entity has Nonresident NC-PE a Beneficiaries If no return filed 9 9	last year, reason why ABCDEFGH IJKLMNOPQRSTUVWXYZABC last year, reason why ABCDEFGH IJKLMNOPQRSTUVWXYZABC
N.C. Education Endowment Fund: The esta some or all of the estate's or trust's overpay \$ 1234567890. To designate the estate (See instructions for information about the left)	EFGHIJKLMNOPQRSTUVWXYZABCD EFGHIJKLMNOPQR AB 12345 ABCDEFGHIJKLM ate or trust may contribute to the N.C. Education Endowment Fur yment to the Fund. To make a contribution, enclose Form NC-E e's or trust's overpayment to the Fund, enter the amount of the Fund.) an automatic extension to file its 2024 federal income tax return	nd by making a contribution or designating DU and the estate's or trust's payment of estate's or trust's designation on Line 16.
ABCD ABCD 12345	IR A AR A FR A NRB A QF	Г А РЕ А
ABCDEFGHIJKLMNOPQRSTUV	WXYZABCDEFGHIJKLMN 999123456	ESBT A
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ABCDEFGHIJKLMNOPQRSTUV	WXYZABCDE 12345 11 12	234567890
ABCDEFGHIJKLMNOPQR AB	123 <mark>45-1234</mark> 12A	123456
01 -1234567890	09A 1234567890 12B	123456
02 1234567890	09B 1234567890 13 12	234567890
04 1234567890	09C 1234567890 15 12	234567890
06 -1234567890	09D 1234567890 16 12	234567890
08 1234567890	09E -1234567890 17 12	234567890
Sign Return Below Re	efund Due 1234567890 🔲 Payment	Due 1234567890
I certify that, to the best of my knowledge, this return is a Signature of Fiduciary Representing Estate or Trust	Contact Phone Number (Include ai	rea code)
	Carolina Department of Revenue to discuss this return and attac	·
I declare and certify that I have examined this return and	accompanying schedules and statements, and to the best of my knowledge and belie	ा, they are true, correct, and complete.
Signature of Preparer Other Than Fiduciary	Date Preparer's Contact Phone Number	(Include area code)
Atten		
MAIL TO: North Carolina Dep	partment of Revenue, P.O. Box 25000, Raleigh, No	orth 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		5. -1234567890
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		101234567890
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
1. 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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