

D-407 (SD)

2024 Estates and Trusts Income Tax Return

8-15-24

North Carolina Department of Revenue

DOR Use Only

For calendar year 2024 or [ ] fiscal year beginning 12 19 24 and ending 12 19 99

ABCDEFGHIJKLMN... 12345 NC 12345-1234

Federal Employer ID Number: 999123456

[X] Administrator [ ] Executor [ ] Other

Filing Information: [X] Initial Return [X] Final Return [ ] Qualified Funeral Trust [ ] ESBT Income [ ] Amended Return [ ] Entity has Nonresident [ ] NC-PE attached

Estate Information: Date of Decedent's Death 12 19 99 [X] Check box if final distribution of assets

Trust Information: Date Trust Created 12 19 99 made during the tax year.

Name and Address of Grantor ABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMN ABCDEFGHIJKLMNOPQRSTUVWXYZABCD ABCDEFGHIJKLMNOPQR 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 2024 federal income tax return (Form 1041)? Yes [X] No [ ]

Table with columns for identification numbers (ABCD, ABCD, 12345, IR, A, AR, A, FR, A, NRB, A, QFT, A, PE, A) and various codes (ESBT, FDA, A, FDEXT, Y, 11, 1234567890, 12A, 123456, 12B, 123456, 13, 1234567890, 15, 1234567890, 16, 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

