

D-400 (SD) 7-25-24 Individual Income Tax Return 2024

< Staple All Pages of Your Return and W-2s Here

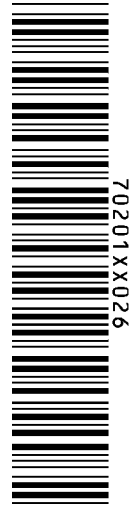
North Carolina Department of Revenue

Amended Return

DOR Use Only

For calendar year 2024, or fiscal year beginning 12 19 24 and ending 12 19 78
ALEXANDERX15MAX K & MICHELLEXX15MAX Q MCALLISTERXXXXX20MAX
5121 VALDEZ COURT 11056 RALEIGH NC 27605 WAKE FRNCOUNTRY
Your SSN: 900123456 Spouse's SSN: 900123456
Filing Status: 2. Married Filing Jointly
Were you a resident of N.C. for the entire year? Yes
Return for deceased taxpayer: 12 19 78
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund.

Table with columns: FS, PP, Y, DT, Y, OC, N, TPRES, Y, SPRES, Y, VT, Y, SVT, Y. Rows include tax identification numbers and dates for ALEXANDERX15MAX K and MICHELLEXX15MAX Q.



70201XX026

Sign Return Below | Refund Due 12345678 | Payment Due 12346578
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.
Your Signature _____ Date _____ Spouse's Signature (If filing joint return, both must sign.) _____ Date _____ Contact Phone No. (Include area code) _____

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001
If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

D-400 Line-by-Line Information

| | | | |
|-----|---|------|-----------|
| 6. | Federal Adjusted Gross Income | 6. | -12345678 |
| 7. | Additions to Federal Adjusted Gross Income | 7. | 12345678 |
| 8. | Add Lines 6 and 7 | 8. | -12345678 |
| 9. | Deductions From Federal Adjusted Gross Income | 9. | 12345678 |
| 10. | Child Deduction | | |
| | a. Enter the number of qualifying children for whom you were allowed a federal child tax credit | 10a. | 12 |
| | b. Enter the amount of the child deduction | 10b. | 12345 |
| 11. | N.C. Standard Deduction | 11. | Y |
| 11. | N.C. Itemized Deduction | 11. | Y |
| 11. | Deduction amount | 11. | 12345678 |
| 12. | a. Add Lines 9, 10b, and 11 | 12a. | 12345678 |
| | b. Subtract Line 12a from Line 8 | 12b. | -12345678 |
| 13. | Part-year Residents and Nonresidents Taxable Percentage | 13. | 1.3456 |
| 14. | N.C. Taxable Income | 14. | -12345678 |
| 15. | N.C. Income Tax | 15. | 12345678 |
| 16. | Tax Credits | 16. | 12345678 |
| 17. | Subtract Line 16 from Line 15 | 17. | 12345678 |
| 18. | Consumer Use Tax | 18. | 12345678 |
| | You certify that no Consumer Use Tax is due | | Y |
| 19. | Add Lines 17 and 18 | 19. | 12345678 |

North Carolina Income Tax Withheld

| | | | |
|------|-----------------------|------|----------|
| 20a. | Your tax withheld | 20a. | 12345678 |
| 20b. | Spouse's tax withheld | 20b. | 12345678 |

Other Tax Payments

| | | | |
|------|--|------|-----------------|
| 21a. | 2024 estimated tax | 21a. | 12345678 |
| 21b. | Paid with extension | 21b. | 12345678 |
| 21c. | Partnership | 21c. | 12345678 |
| 21d. | S Corporation | 21d. | 12345678 |
| 22. | Additional Payments | 22. | 12345678 |
| 23. | Add Lines 20a through 22 | 23. | 12345678 |
| 24. | Previous Refunds | 24. | 12345678 |
| 25. | Subtract Line 24 from Line 23 | 25. | -12345678 |
| 26a. | Tax Due | 26a. | 12345678 |
| 26b. | Penalties | 26b. | 123456 |
| 26c. | Interest | 26c. | 123456 |
| 26d. | Add Lines 26b and 26c and enter the total on 26d | 26d. | 12345678 |
| EU | Exception to Underpayment of Estimated Tax | EU | F |
| 26e. | Interest on the Underpayment of Estimated Income Tax | 26e. | 12345678 |
| 27. | Pay this Amount | 27. | 12345678 |
| 28. | Overpayment | 28. | 12345678 |

Amount of Refund to Apply to:

| | | | |
|-----|--|-----|-----------------|
| 29. | Amount of Line 28 to be applied to 2025 Estimated Income Tax | 29. | 12345678 |
| 30. | N.C. Nongame and Endangered Wildlife Fund | 30. | 12345678 |
| 31. | N.C. Education Endowment Fund | 31. | 12345678 |
| 32. | N.C. Breast and Cervical Cancer Control Program | 32. | 12345678 |
| 33. | Add Lines 29 through 32 | 33. | 12345678 |
| 34. | Amount to be Refunded | 34. | 12345678 |