NCDOR | 2025 D-407 Web 7-25 | Estates and Trusts Income Tax Return

DOR			
Use			
Only			

	X I COLUIII	
For calendar year 2025 , or fiscal year beginning (MM-DD) = = 2_5 and ending (MM-DD-YY)		Fill in all applicable circles: O Initial Return
Name of Estate or Trust (Legal Name) (USE CAPITAL LETTERS FOR NAME AND ADDRESS)		Amended ReturnFinal Return
		Nonresident
Name of Fiduciary (Circle one): Administrator Executor Other	Federal Employer ID Number —	Beneficiaries O Qualified Funeral Trust
Address	Apartment Number	O NC-PE attached
		O ESBT Income If estate return, was
City State Zip Code	_	final distribution of assets made during the tax year?
		O Yes O No
N.C. Education Endowment Fund: The estate or trust may contribute to the N.C. Education Endowment Fur or trust's overpayment to the Fund. To make a contribution, enclose Form NC-EDU and the estate's or trust	it's payment of \$	To designate the
estate's or trust's overpayment to the Fund, enter the amount of the estate's or trust's designation on Li Federal Extension Was the entity granted an automatic extension to file its 2025 federal	· · · · · · · · · · · · · · · · · · ·	
	Tillcome tax return, e.g., r omi 104	iti Oles Oldo
1. Federal Taxable Income including ESBT Income Line 1, 3, 5, 6, 7, 9, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	1. 0	.00
2. Additions to Federal Taxable Income (From Schedule A, Fiduciary Column, Line 4) 7, 9e, or 10 is negative fill in circle.	> 2.	
3. Add Lines 1 and 2	3.	.,
4. Deductions from Federal Taxable Income (From Schedule A, Fiduciary Column, Line 5)	▶ 4.	
5. Subtract Line 4 from Line 3	5. O	00
6. Income Not Taxable to North Carolina (From Schedule B, Line 5)	▶ 6. ○	00
7. North Carolina Taxable Income (Subtract Line 6 from Line 5)	7. 0	
8. N.C. Income Tax (Multiply Line 7 by 4.25% (0.0425))	▶ 8.	
9. Credits and Payments (When filing an amended return, see instructions)		,
a. Tax Credits (From Form D-407TC, Line 14)	▶ 9a.	
b. Tax Paid with Extension	▶ 9b.	00
c. Tax Paid by Partnerships or S Corporations	▶ 9c.	00
d. North Carolina Tax Withheld Reported on Form 1099	▶ 9d.	
e. Other Payments	▶ 9e. ○	
10. Add Lines 9a through 9e	10.	
11. Tax Due (If Line 8 is more than Line 1 <mark>0, subtract Line 10 from Line 8</mark> and enter result here. Otherwise, subtract Line 8 from Line 10 and enter result on Line 14)	▶ 11.	
12. 12a. Penalties 12b. Interest	1	
(Add Lines 12a and 12b and enter total on Line 12c)		
13. Amount Due (Add Lines 11 and 12c) Pay in U.S. Currency from a Domestic Bank. You can pay online at <u>ncdor.gov</u> .	13.	
14. Overpayment	14.	
 When filing an amended return, see instructions Amount of Line 14 contributed to N.C. Nongame and Endangered Wildlife Fund 	1 ▶ 15.	
16. Amount of Line 14 contributed to N.C. Education Endowment Fund	▶ 16.	
17. Amount to be Refunded (Subtract Lines 15 and 16 from Line 14)	▶ 17.	00

D-407 Web	(First 10 Characters)			Г	ederai Employe	r ib Numbei	
Estate Information: Date of Decedent's Death If no return filed last year, reason why			Trust Information: Date Trust Created Name and Address of Grantor If no return filed last year, reason why				
				,			
and Trusts. The additions a	nment of Income and Adjust nd deductions must be apportion information, see instructions.)						
	Important: If r	more than three ben	eficiaries, include	e separate schedule for a	additional benefici	aries.	
Attach other pages if needed.	Fiduciary	Benefici	ary 1	Beneficiary 2	Be	eneficiary 3	
1. Identifying Number							
2. Name 3. Net N.C. Source Income							
4. Additions							
5. Deductions							
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 (With respect to a resident beneficiary, only include undistributed income for the benefit of a resident beneficiary that meets the facts and circumstances of North Carolina Department of Revenue v. The Kimberley Rice Kaestner 1992 Family Trust, 139 S. Ct. 2213, 2221 (2019), such that the income listed below is not taxable to North Carolina. For additional information, see instructions.)							
						Amount	
1 Intangible Income fo	or the Benefit of Nonresider	at Beneficiaries					
	efit of Nonresident Beneficia		os Othor than	North Carolina			
	or the Benefit of Resident B		23 Other than	North Carolina			
			Other than Nor	th Carolina			
 4. Income for the Benefit of Resident Beneficiaries from Sources Other than North Carolina 5. Total (Add Lines 1 through 4, enter total here and on Page 1, Line 6) 							
Explanation of Chang	ges for Amended Return	Attach additional she	ets if necessary)				
I declare and certify that I have ex	amined this return and accompanying sc	hedules and statements,			re true, correct, and c	omplete.	
				t Phone Number clude area code)			
Signature of Fiduciary Represe	nting Estate or Trust you authorize the North Carolina	Date Department of Rev	enue to discuss	this return and attachmo	ints with the noid	nrenarer below	
	n other than fiduciary, this certification is b				and with the palu	proparer below.	
	,,		122	, 3			
PRE USE	r Other Than Fiduciary	Date	Preparer's Contac (Inc	t Phone Number clude area code)		_ =	
Address	MAIL TO: NC Departme	nt of Revenue, F	P.O. Box 2500	0, Raleigh, NC 2764	10-0640		