

D-400 (SD) 9-8-25 Individual Income Tax Return 2025

North Carolina Department of Revenue Amended Return

DOR Use Only

For calendar year 2025, or fiscal year beginning 12 19 25 and ending 12 19 78
ALEXANDERX15MAX K & MICHELLEXX15MAX Q MCALLISTERXXXXX20MAX
5121 VALDEZ COURT 11056 RALEIGH NC 27605 DURHAM FRNCOUNTRY
Your SSN: 900123456 Spouse's SSN: 900123456

Are you a veteran? Yes [X] No [ ]
Is your spouse a veteran? Yes [X] No [ ]
Were you granted an automatic extension to file your 2025 federal income tax return, e.g., Form 1040? Yes [X] No [ ]
Year spouse died: 1999

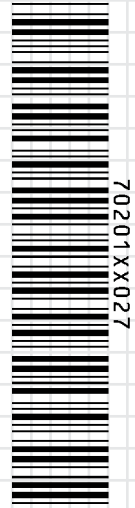
Filing Status [ ] 1. Single [X] 2. Married Filing Jointly [ ] 3. Married Filing Separately [ ] 4. Head of Household [ ] 5. Qualifying Widow(er)

Were you a resident of N.C. for the entire year? Yes [X] No [ ] Return for deceased taxpayer. Date of death: 12 19 78
Was your spouse a resident for the entire year? Yes [X] No [ ] Return for deceased spouse. Date of death: 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. To make a contribution, enclose Form NC-EDU and your payment of \$ 12345678. To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)

Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2026, and a U.S. citizen or resident.
Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.

Table with columns: FS, PP, Y, DT, Y, OC, N, TPRES, Y, SPRES, Y, VT, Y, SVT, Y. Rows include tax identification numbers and names for ALEXANDERX15MAX K, MICHELLEXX15MAX Q, and MCALLISTERXXXXX20MAX.



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. Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.

Your Signature Date Spouse's Signature (if filing joint return, both must sign.) Date Contact Phone No. (Include area code)

PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.

Paid Preparer's Signature Date Preparer's Contact Phone Number (Include area code) Preparer's FEIN, SSN, or PTIN

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

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Last Name (First 10 Characters) **MCALLISTER** Your Social Security Number **900123456**

**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.	2025 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.	<b>Tax Due</b>	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	E
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	12345678
27.	<b>Pay this Amount</b>	27.	<b>12345678</b>
28.	<b>Overpayment</b>	28.	12345678

**Amount of Refund to Apply to:**

29.	Amount of Line 28 to be applied to 2026 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.	<b>Amount to be Refunded</b>	34.	<b>12345678</b>

**This page must be filed with the first page of this form.**