

D-407 (SD)

2025 Estates and Trusts Income Tax Return

9-15-25

North Carolina Department of Revenue

DOR Use Only

For calendar year 2025 or [ ] fiscal year beginning 12 19 25 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 [ ] Nonresident Beneficiaries [ ] NC-PE attached

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

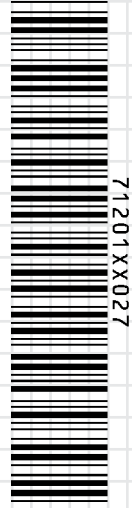
Trust Information: Date Trust Created 12 19 99 made during the tax year.

Name and Address of Grantor ABCDEFGHIJKLMN... 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 2025 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), federal employer ID (999123456), 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

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Last Name (First 10 Characters) ABCDEFGHIJ Federal Employer ID Number 999123456

Computation of Income Tax Due or Refund

Table with 2 columns: Description (1-17) and Amount (1234567890). Includes items like Federal Taxable Income, Additions, Deductions, and Tax Due.

Schedule A. Apportionment of Income and Adjustments

Important: If more than three beneficiaries, include separate schedule for additional beneficiaries.

Table with 5 columns: Identifying Number, Name, Net N.C. Source Income, Additions, Deductions. Rows for Fiduciary and Beneficiary 1-3.

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

Table with 2 columns: Description (1-5) and Amount (1234567890). Includes items like Intangible income for Nonresident Beneficiaries.

Explanation of Changes for Amended Return (Attach additional sheets if necessary)

ABCDEFGHIJKLMN... (Placeholder text for explanation of changes)