

| DOR Use Only   |   |
|----------------|---|
| AMENDED RETURN | ` |

|   | • •                        | 2019 Individual Income Tax Return  |                             | AMENDED R                             |                     |
|---|----------------------------|--|-----------------------------|---------------------------------------|---------------------|
|   |                            | ORTANT: Do not send a photocopy of this form. Print in Black or Blue Ink Only. No Pencil or Red Ink.  or calendar year 2019, or fiscal year beginning (MM-DD)  |                             | Fill in circle (See in                | nstructions)        |
|   | _                          | Social Security Number  Spouse's Social Security Number  | ŕ                           |                                       |                     |
|   | Tour                       | You <u>must</u> enter your social security number(s) →   | ]-[                         |                                       |                     |
| 5                                       |                            | Your First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) M.I. Your Last Name  |                             |                                       |                     |
| n<br>D<br>D                             |                            |  |                             |                                       |                     |
| р<br>Г                                  |                            | If a Joint Return, Spouse's First Name M.I. Spouse's Last Name   |                             |                                       |                     |
| Ī                                       |                            |  |                             |                                       |                     |
| 2 Die                                   |                            | Mailing Address  |                             | Apartment N                           | lumber              |
| 010                                     |                            |  |                             |                                       |                     |
|   |                            | City State Zip Code Country (If not U  | I.S.)                       | County (Enter t                       | first five letters) |
|   |                            |  |                             |                                       |                     |
| 426                                     |                            | <b>C. Education Endowment Fund:</b> You may contribute to the N.C. Education Endowment Fund by making a coyour overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$         | ontribu                     | tion or designatir                    | ng some or all      |
| יפור                                    |                            | designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instruc  | tions f                     | or information ab                     | out the Fund.)      |
| 0                                       | Fill i                     | n circle if you or, if married filing jointly, your spouse were out of the country on April 15 and a U.S. citizen or resident.   |                             |                                       |                     |
| Dec                                     | eas                        | sed Taxpayer Information Enter date of death of deceased taxp  | oayer c                     | or deceased spou                      | ise.                |
| O I                                     | Fill ii<br>Adm             | n circle if return is filed and signed by Executor, Taxpayer inistrator, or Court-Appointed Personal Representative.   | use<br>DD-YY)               |                                       | ]-                  |
| Res                                     | side                       | Were you a resident of N.C. for the entire year?  Was your spouse a resident for the entire year?  Yes No  Yes No  F   | f <b>No</b> , co<br>Form D- | mplete and attach<br>400 Schedule PN. |                     |
| Vet                                     | era                        | n Information Are you a veteran? Yes O No Is your spouse a veteran?  | Yes (                       | ) No                                  |                     |
| Fed                                     | dera                       | <b>Al Extension</b> Were you granted an automatic extension to file your 2019 federal income tax return (Form  | m 1040                      | 0)?                                   | No No               |
| Filing Status (Fill in one circle only) | 1.<br>2.<br>3.<br>4.<br>5. | Single  Married Filing Jointly  Married Filing Separately → full name and Social Security Number)  Head of Household  Qualifying Widow(er) (Year spouse died:    Name  | Dollars                     | s Only                                | 910                 |
|   | 6.                         | Federal Adjusted Gross Income  6.  | ا,                          | 00                                    | 5                   |
|   | 7.                         | Additions to Federal Adjusted Gross Income (From Form D-400 Schedule S, Part A, Line 6)  on Line 6, 8, 12b, or 14 is negative, fill in   | j,                          | .00                                   |                     |
| _                                       | 8.                         | Add Lines 6 and 7  Circle.  Example:  8.   | ],[                         | <b>.</b> 00                           |                     |
|   |                            | Deductions from Federal Adjusted Gross Income (From Form D-400 Schedule S, Part B, Line 15)  9.  | $], \square$                | .00                                   |                     |
| 1                                       |                            | Child Deduction (On Line 10a, enter the number of qualifying children for whom you were allowed a federal child tax credit. On Line 10b, enter the amount of the child deduction. See instructions.) ▶ 10a. ▶ 10b. | ],[                         | <b>.</b> 00                           | 7020                |
| s Here                                  | 11.                        | N.C. Standard Deduction OR N.C. Itemized Deductions (Fill in one circle only. See Form D-400 Schedule S, Part C.)  | ],[                         | .00                                   | 010802              |
| Staple W-2s                             | 12.                        | a. Add Lines 9, 10b, and 11. 12b. Subtract the amount on Line 12a from Line 8.   | ],[                         | <b>.</b> 00                           |                     |
| Stap                                    | 13.                        | Part-year Residents and Nonresidents Taxable Percentage (From Form D-400 Schedule PN, Line 24. Enter amount as decimal.)   |                             |                                       |                     |
|   | 14.                        | North Carolina Taxable Income Full-year residents enter the amount from Line 12b. Part-year residents and nonresidents multiply amount on Line 12b by the decimal amount on Line 13.                               | ],[                         | .00                                   |                     |
|   | 15.                        | North Carolina Income Tax Multiply Line 14 by 5.25% (0.0525). If zero or less, enter a zero.   | ا,[_                        | <b>.</b> 00                           |                     |

| Pa           | age 2 Last Name (First 10 Characters) Tax Year   | Your Social Security   | y Number   |  |  |  |  |  |  |
|--------------|--|------------------------|--|--|--|--|--|--|--|
|              | 400 2019   |                        |  |  |  |  |  |  |  |
| 16.          | . Tax Credits (From Form D-400TC, Part 3, Line 19)   | <b>1</b> 6.            | .00  |  |  |  |  |  |  |
| 17.          | . Subtract Line 16 from Line 15  | 17.                    | .00  |  |  |  |  |  |  |
| 18.          | . Consumer Use Tax (See instructions)  If you certify that no Consumer Use Tax is due, fill in circle.   | ▶ 18.                  | .00  |  |  |  |  |  |  |
| 19.          | Add Lines 17 and 18  | 19.                    | .00  |  |  |  |  |  |  |
| 20.          | North Carolina Income Tax Withheld  a. Your tax withheld  b. Spouse's tax withheld  b. Spouse's tax withheld   |                        |  |  |  |  |  |  |  |
| 21.          | Other Tax Payments a. 2019 estimated tax b. Paid with extension  | 100                    | If you claim a partnership payment                               |  |  |  |  |  |  |
|              | ► <u>                                     </u>   | .00                    | on Line 21c or S<br>corporation payment<br>on Line 21d, you must |  |  |  |  |  |  |
|              | c. Partnership d. S Corporation  | 00                     | attach a copy of the<br>NC K-1.                                  |  |  |  |  |  |  |
| 22           | Amended Returns Only - Previous payments (See "Amended Returns" in instructions)   | <b>.</b> 00            |  |  |  |  |  |  |  |
|              | If amount on   |                        | 00، الله المارات   |  |  |  |  |  |  |
| 23.          | . Total Payments - Add Lines 20a through 22  Line 25 is negative, fill in circle.  | 23.                    | 00ـ لللارك   |  |  |  |  |  |  |
| 24.          | . Amended Returns Only - Previous refunds (See "Amended Returns" in instructions)  | 24.                    | 00. لللولللوال   |  |  |  |  |  |  |
| 25.          | . Subtract Line 24 from Line 23. (If less than zero, see instructions.)  | 25.                    | _00  |  |  |  |  |  |  |
| 26.          | . a. Tax Due - If Line 19 is more than Line 25, subtract Line 25 from Line 19. Otherwise, go to Line 28.   | ➤ 26a.                 | .00  |  |  |  |  |  |  |
|              | b. Penalties c. Interest (Add Lines 26b and 26c and an | 004                    |  |  |  |  |  |  |  |
|              | ■ 00   | 26d.                   | .00  |  |  |  |  |  |  |
| 27           | e. Interest on the Underpayment of Estimated Income Tax (See instructions and enter letter in box, if applicable.)  Total Due - Add Lines 26a, 26d, and 26e  Exception to Underpayment of Estimated  | ➤ 26e.                 | 00. للللوالل   |  |  |  |  |  |  |
| 21.          | Total Due - Add Lines 26a, 26d, and 26e Pay in U.S. Currency from a Domestic Bank - You can pay online at www.ncdor.gov.   | 27. \$                 | .00  |  |  |  |  |  |  |
| 28.          | Overpayment - If Line 19 is less than Line 25, subtract Line 19 from Line 25.  | 28.                    | .00  |  |  |  |  |  |  |
| 29.          | When filing an amended return, see instructions.  Amount of Line 28 to be applied to 2020 Estimated Income Tax   | <b>▶</b> 29.           | .00  |  |  |  |  |  |  |
| 30.          | . Contribution to the <b>N.C. Nongame and Endangered Wildlife Fund</b>   | <b>3</b> 0.            | .00  |  |  |  |  |  |  |
| 31.          | . Contribution to the N.C. Education Endowment Fund  | <b>→</b> 31.           | .00  |  |  |  |  |  |  |
| 32.          | . Contribution to the N.C. Breast and Cervical Cancer Control Program  | <b>→</b> 32.           | .00  |  |  |  |  |  |  |
| 33.          | . Add Lines 29 through 32  | 33.                    | .00  |  |  |  |  |  |  |
| 34.          | Subtract Line 33 from Line 28. This is the Amount To Be Refunded  For direct deposit, file electronically  | <b>→</b> 34.           | .00  |  |  |  |  |  |  |
| Ιd           | leclare 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 | · · · · · · · · · · · · · · · · · · ·                            |  |  |  |  |  |  |
| Yo           | Your Signature Date Spouse's Signature (If filing joint return, both must sign.) Date  |                        |  |  |  |  |  |  |  |
| 1            | 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.  |                        |  |  |  |  |  |  |  |
| PAID         | 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  Paid Preparer's Signature  Preparer's FEIN, SSN, or PTIN  | Preparer's Conf        | tact Phone Number (Include area code)                            |  |  |  |  |  |  |
| <del>-</del> | Paid Preparer's Signature  Date  | <b>-</b>               |  |  |  |  |  |  |  |
|              | If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, N If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O.   |                        | EIGH, NC 27640-0640  |  |  |  |  |  |  |