

D-400 Schedule S 2019 Supplemental Schedule

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The original form is printed in pink and black ink. Print in Black or Blue Ink Only. No Pencil or Red Ink. Important: Refer to the Instructions before completing Parts A, B, or C of this form.	partment may be unable to process your return. Your Social Security Number							
Important: Refer to the Instructions before completing Parts A, B, or C of this form.								
Part A. Additions to Federal Adjusted Gross Income								
Enter Whole U.S. D	ollars Only							
1. Interest income from obligations of states other than North Carolina 1. 1.<!--</td--><td></td><td>.00</td>		.00						
2. Deferred gains reinvested into an Opportunity Fund under IRC section 1400Z-2		.00						
3. Bonus depreciation 3.		.00						
4. IRC section 179 expense ► 4.		.00						
5. Other additions to federal adjusted gross income (Attach explanation or schedule)		.00						
6. Total additions - Add Lines 1 through 5 (Enter the total here and on Form D-400, Line 7)		.00						
Part B. Deductions from Federal Adjusted								
Gross Income (Only deduct items that are included in federal adjusted gross income)								
7. State or local income tax refund		.00						
8. Interest income from obligations of the United States or United States' possessions		.00						
9. Taxable portion of Social Security and Railroad Retirement Benefits 9.		.00						
 10. Retirement benefits received by vested N.C. State government, N.C. local government, or federal government retirees (Bailey settlement - Important: See instructions) 		.00						
11. Bonus depreciation								
▶ 11a. 2014 ▶ 11b. 2015 ▶ 11c. 2016								
► 11d. 2017 ► 11e. 2018		.00						
11f. Total (Add Lines 11a -11e)								
12. IRC section 179 expense ▶ 12a. 2014								
11f. Total (Add Lines 11a -11e)								
12. IRC section 179 expense 12a, 2014 $12b$, 2015 $12c$, 2016 12a, 2014 000 ,		.00						
12. IRC section 179 expense $12.$ 12. 2014 $12.$ 12. 2014 $12.$ 12. 2014 $12.$ 12. 2014 $12.$ 12. 2014 $12.$ 12. 2014 $12.$ 12. 2014 $12.$ 12. 2014 $12.$ 12. 2014 $12.$ 2017 $12.$ 2017 $12.$ 2018 $12.$ 2017		.00 .00						
12. IRC section 179 expense 12a 2014 12b 2015 12c 2016 12d 2017 12e 2018 12e 2018 12f Total (Add Lines 11a - 11e) 12b 2015 12c 2016 (Add Lines 12a - 12e)								

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Last Name (First 10 Characters)						
				П		

Tax Year **2019**



Pa	art C. N.C. Standard Deduction or N.C. Itemized Deductions						
	You may deduct from federal adjusted gross income either the N.C. standard deduction determine the amount of your N.C. standard deduction by looking at the chart below. If do not complete Lines 16 through 24. Instead, enter the amount of the N.C. standard Important: If you claim the N.C. standard deduction and you did not complete attach this form to Form D-400. If you choose to itemize, complete Lines 16 through	you claim the N ard deduction of Part A or Par	I.C. standa n Form D- t B on pa	ard deductio 400, Line 1 ge 1, do r	on, 11. I ot		
	N.C. Standard Deduction						
	(In general, the N.C. standard deduction is equal to the amount listed below based of are not eligible for a standard deduction on the federal income tax return, your N.C. For more information on eligibility, see the instructions.)						
	If your filing status is: Yo	ur N.C. stand	lard ded	uction is:			2
	• Single	\$	10,000				دً
	 Head of household Married filing jointly 	\$ \$	15,000 20,000				
	Qualifying widow(er)/Surviving Spouse	э \$	20,000				
	Married filing separately:	Ŷ	20,000				
	If your spouse <u>does not</u> claim itemized deductions If your spouse claims itemized deductions	\$ \$	10,000 0				
	If you are not eligible for a standard deduction on your federal tax re	eturn \$	0				
16.	Home mortgage interest (See instructions)	I	▶ 16.	,	<u>,</u>	.0	0
17.	Real estate property taxes	Ì	▶ 17.	,	,_	.0	0
18.	Home mortgage interest and real estate property taxes before limitation (Add Lines 16 and 17)		18.	,	,_	.0	0
19.	Home mortgage interest and real estate property taxes limitation		19.		20,0	00.00	0
20.	Home mortgage interest and real estate property taxes after limitation (Compare Line 18 to Line 19; enter whichever is less.)	Ì	20.	,	,	.0	0
21.	Charitable contributions (See instructions)	I	21.	,	,	.0	0
22.	a. Medical and dental expenses before limitation (<i>See instructions</i>) > 22a.		,	.00			
	 b. Enter the amount from Form D-400, Line 6. If the amount is pagative, fill in the circle. 		,	.00			
	c. Multiply Line 22b by 10% (0.10). If zero or less, enter a zero. 22c.		,	_ 00			
	d. Medical and dental expenses after limitation (Subtract Line 22c from Line 22a. If Line 22c is more than Line 22a, enter a zero.)	Ì	▶ 22d.	,	,_	.0	0
23.	Repayment of claim of right income	Ì	▶ 23.	,	,	.0	0
24.	Total N.C. itemized deductions (Add Lines 20, 21, 22d, and 23. Enter the total here and on Form D-400, Line 11.)		24.	,	,_	.0	0