

D-400 Schedule A 2023 N.C. Itemized Deductions

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Use		
DOR Use Only		

If you choose to itemize North Carolina deductions on Form D-400, Line 11, you must attach this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) Do not send a photocopy of this form. Print in Black or Blue Ink Only. No Pencil or Red Ink. Your Social Security Number Form.								_
N	.C. Standard Deduction or N.C. Itemized Deductions							
	You may deduct from federal adjusted gross income either the N.C. standard d determine the amount of your N.C. standard deduction by looking at the chart b do not complete Lines 1 through 10. Instead, enter the amount of your N.C. standard deduction by looking at the chart b	elow. If you claim	the N	I.C. standard	deduction			
	N.C. Standard Deduction							
	(In general, the N.C. standard deduction is equal to the amount listed below are not eligible for a standard deduction on the federal income tax return, you For more information on eligibility, see the instructions.)				7			
	If your filing status is:	Your N.C. s	I.C. standard deduction is:					■ 21
	 Single Head of household Married filing jointly Qualifying widow(er)/Surviving Spouse Married filing separately: If your spouse does not claim itemized deductions If your spouse claims itemized deductions 		\$ \$ \$ \$ \$ \$ \$ \$	12,750 19,125 25,500 25,500 12,750 0				106025
	If you are not eligible for a standard deduction on your federal	I tax return	\$	0				
2.	Home Mortgage Interest (See instructions) Real Estate Property Taxes			1≥ 2	.,.	· •		.00 .00
 Home Mortgage Interest and Real Estate Property Taxes Before Limitation (Add Lines 1 and 2) 				3	. , .	. ,		.00
4.	Home Mortgage Interest and Real Estate Property Taxes Limitation			4.	_2	0,0	0.0	00
5.	Home Mortgage Interest and Real Estate Property Taxes After Limitation (Compare Line 3 to Line 4; enter whichever is less.)			5	. , .	. ,		00
6.	Charitable Contributions (See instructions)			▶ 6. ∟	. , .	. ,	ш.	.00
7.	a. Medical and Dental Expenses Before Limitation (See instructions)	7a.		. ,	00			
	b. Enter the amount from Form D-400, Line 6. If the amount is negative, fill in the circle.	7b. 🔾		. ,	00			
	c. Multiply Line 7b by 7.5% (0.075). If zero or less, enter a zero.	7c.			_ _0 0			
	d. Medical and Dental Expenses After Limitation (Subtract Line 7c from Line 7a. If Line 7c is more than Line 7a, enter a zero.)			▶ 7d.	. , , .	. ,		.00
8.	Repayment of Claim of Right Income			8.	. , .	. ,		.00
9.	Reserved for Future Use		_	9		. ,		00
10.	Total N.C. Itemized Deductions (Add Lines 5, 6, 7d, 8, and 9. Enter the total here and on Form D-400, Line 11.)			10.	. , , .	. ,		.00