

D-400 Individual Income Tax Return 2015

AMENDED RETURN

Fill in circle. (See instructions.)

IMPORTANT: Do not send a photocopy of this form.

For calendar year 2015, or fiscal year beginning (MM-DD) - - 1 5 and ending (MM-DD-YY) - -

Your Social Security Number

Spouse's Social Security Number

You must enter your social security number(s).

Form fields for Name, M.I., Spouse's Name, Mailing Address, City, State, Zip Code, Country, and Apartment Number.

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.

Fill in circle if you or your spouse were out of the country on April 15 and a U.S. citizen or resident.

Deceased Taxpayer Information

Enter date of death of deceased taxpayer or deceased spouse.

Fill in circle if return is filed and signed by Executor, Administrator or Court-Appointed Personal Representative.

Taxpayer (MM-DD-YY)

Spouse (MM-DD-YY)

Residency Status

Were you a resident of N.C. for the entire year of 2015? Was your spouse a resident for the entire year?

Yes No Yes No

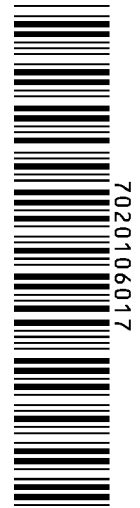
If No, complete Lines 1 through 12. Then go to Part D of Schedule S. Fill in residency information and complete Lines 21 through 23.

Did you claim the standard deduction on your 2015 federal return? Yes No

Filing Status section with options: Single, Married Filing Jointly, Married Filing Separately, Head of Household, Qualifying Widow(er) with Dependent Child.

Main calculation section with lines 6 through 15, including Adjusted gross income, deductions, and North Carolina Taxable Income.

If amount on Line 6, 8, 10, 12, or 14 is negative, fill in circle. Example: ●



Staple All Pages of Your Return Here.

Staple W-2s Here.

Be sure to sign and date your return below.

**16. Tax Credits** (From Form D-400TC, Part 3, Line 19 - **You must attach Form D-400TC if you enter an amount on this line.**) ▶ 16. \_\_\_\_\_ .00

**17. Subtract** Line 16 from Line 15. ▶ 17. \_\_\_\_\_ .00

**18. Consumer Use Tax** (See instructions.) ▶ 18. \_\_\_\_\_ .00

If you certify that no Consumer Use Tax is due, fill in circle.

**19. Add** Lines 17 and 18. ▶ 19. \_\_\_\_\_ .00

**20. North Carolina Income Tax Withheld**

a. Your tax withheld <span style="float:right">▶ _____ .00</span>	b. Spouse's tax withheld <span style="float:right">▶ _____ .00</span>
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**21. Other Tax Payments**

a. 2015 estimated tax <span style="float:right">▶ _____ .00</span>	b. Paid with extension <span style="float:right">▶ _____ .00</span>
c. Partnership <span style="float:right">▶ _____ .00</span>	d. S Corporation <span style="float:right">▶ _____ .00</span>

If you claim a partnership payment on Line 21c or S corporation payment on Line 21d, you must attach a copy of the NC K-1.

**22. Amended Returns Only** - Previous payments (See Amended Returns in instructions.) ▶ 22. \_\_\_\_\_ .00

**23. Total Payments** - Add Lines 20a through 22. ▶ 23. \_\_\_\_\_ .00

**24. Amended Returns Only** - Previous refunds (See Amended Returns in instructions.) ▶ 24. \_\_\_\_\_ .00

**25. Subtract** Line 24 from Line 23. ▶ 25.  \_\_\_\_\_ .00

If amount on Line 25 is negative, fill in circle.  
Example:

**26. a. Tax Due** - If Line 19 is more than Line 25, subtract Line 25 from Line 19. (If Line 25 is negative, see instructions.) ▶ 26a. \_\_\_\_\_ .00

b. Penalties <span style="float:right">▶ _____ .00</span>	c. Interest <span style="float:right">▶ _____ .00</span>
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(Add Lines 26b and 26c and enter the total on Line 26d.)

**e. Interest on the underpayment of estimated income tax** (See instructions and enter letter in box, if applicable.) ▶ 26e. \_\_\_\_\_ .00

**27. Add** Lines 26a, 26d, and 26e. ▶ 27. \$ \_\_\_\_\_ .00

**Pay This Amount - You can pay online. Go to [www.dornc.com](http://www.dornc.com) and click on eServices for details.**

Exception to underpayment of estimated tax

**28. Overpayment** - If Line 19 is less than Line 25, subtract Line 19 from Line 25. ▶ 28. \_\_\_\_\_ .00

When filing an amended return, see instructions.

**29. Amount of Line 28 to be applied to 2016 Estimated Income Tax** ▶ 29. \_\_\_\_\_ .00

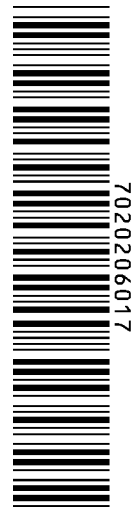
**30. Contribution to the N.C. Nongame and Endangered Wildlife Fund** ▶ 30. \_\_\_\_\_ .00

**31. Contribution of overpayment to the N.C. Education Endowment Fund** ▶ 31. \_\_\_\_\_ .00

**32. Add** Lines 29, 30, and 31. ▶ 32. \_\_\_\_\_ .00

**33. Subtract** Line 32 from Line 28. This is the **Amount To Be Refunded.** ▶ 33. \_\_\_\_\_ .00

**For direct deposit, file electronically. Go to [www.dornc.com](http://www.dornc.com) and click on eServices.**



Sign Here

I certify that, to the best of my knowledge, this return is accurate and complete.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature (If filing joint return, both must sign.) \_\_\_\_\_ Date \_\_\_\_\_

Home Telephone Number (Include area code.) ▶ \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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 FEIN, SSN, or PTIN ▶ \_\_\_\_\_

Preparer's Telephone Number (Include area code.) ▶ \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_