

## NCDOR Web-Fill 9-21 | 2021 D-407 Estates and Trusts Income Tax Return

For calendar year <b>2021,</b> or fis	scal year beginning (MM-DD-YY)			and en <i>(MM-DD</i>		Fill in all applicable circles:	
Name of Estate or Trust (Legal Name)	(USE CAPITAL LETT	ERS FOR NAME AN	ND ADDRESS)			<ul> <li>Amended Return</li> <li>Final Return</li> </ul>	
Name of Fiduciary ( <i>Circle one</i> ):	O Administrator	O Executor	O Other		Federal Employer ID Number	<ul> <li>Entity has Nonresident Beneficiaries</li> <li>Qualified Functional Trust</li> </ul>	
Address					Apartment Number	Funeral Trust O NC-PE attached	
City			State	Zip Code	County (Enter first five letters)	If estate return, was final distribution o assets made during the tax year? O Yes O No	

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. To make a contribution, enclose Form NC-EDU and your payment of \$\_\_\_\_\_\_. To designate your overpayment to the Fund, enter the amount of your designation on Line 19 below. *(See instructions for information about the Fund.)* 

Fe	ederal Extension Was the entity granted ar	automatic extension to	file its 2021 federal incom	ne tax return, e.g., Form 1041?	🔵 Yes 🔵 No
1.	Federal Taxable Income (See instruction	ns)		▶ 1.	
2.	Additions to Federal Taxable Income (From Schedule A, Fiduciary Column, Lir	ne 4)		▶ 2.	
3.	Add Lines 1 and 2	,		3.	
4.	Deductions from Federal Taxable Income (From Schedule A, Fiduciary Column, Line			▶ 4.	
5.	Subtract Line 4 from Line 3			5.	
6.	Income Not Taxable to North Carolina	(See instructions)		▶ 6.	
7.	North Carolina Taxable Income (Subtract Line 6 from Line 5)			7.	
8.	N.C. Income Tax (Multiply Line 7 by 5.25	;% (0.0525))		▶ 8.	
9.	<b>Credits and Payments</b> (When filing an amended return, see inst	ructions)			
	a. Tax Credits (From Form D-407TC, Lin	e 14)		▶ 9a.	
	<b>b.</b> Tax Paid with Extension			▶ 9b.	
	c. Tax Paid by Partnerships or S Corpora	ations	23	▶ 9c.	
	d. North Carolina Tax Withheld Reported	on Form 1099		▶ 9d.	
	e. Other Payments			▶ 9e.	
10.	Add Lines 9a through 9e			10.	
11.	<b>Tax Due</b> (If Line 8 is more than Line 10, su from Line 8 and enter the tax due here. Othe Line 8 from Line 10 and enter the overpayme	erwise, subtract		▶ 11.	
12.	12a. Penalties 12b. Inter	est	(Add Lines 12a and		
			12b and enter the total on Line 12c)	12c.	
13.	Total Due (Add Lines 11 and 12c) Pay in You can pay online at <u>www.ncdor.gov</u> .		n a Domestic Bank.	13. \$	
14.	Overpayment			14.	
15.	Amount of Line 14 contributed to N.C. No	ngame and Endange	ered Wildlife Fund	▶ 15.	
16.	Amount of Line 14 contributed to N.C. Ed	ucation Endowment	Fund	▶ 16.	
17.	Amount to be Refunded Subtract Lines 15 and 16 from Line 14			▶ 17.	

Page 2	Legal Name (Firs	t 10 Characters)				Federa	al Employer ID Number
D-407 Web-Fill							
9-21	te Information:			Truct In	formation:		
					st Created		
Date	of Decedent's Death			Name an of Granto	d Address		
lf no r	eturn filed last year,				Л		
reaso	n why						
				If no retu reason w	rn filed last year,		
				Teason w	i i y		
and Tru		eductions must be apportion					or Pass-Through Entities, Estate stributions of income made duri
		Important: If r	more than three benefi	ciaries, includ	de separate sched	ule for additio	nal beneficiaries.
Attach o	other pages if needed.	Fiduciary	Beneficiar	'y 1	Benefici	ary 2	Beneficiary 3
1. Ide	ntifying Number						
2. Na	me						
3. Ne	t N.C.						
	urce Income						
	ditions						
5. De	ductions						
Impo	rtant: The fiduciary n to prepare the	nust provide each beneficia appropriate N.C. tax returr	ary a Form NC K-1 fc า.	or Form D-40	)7 and any other	information n	necessary for the beneficiary
Expla	nation of changes f	for Amended Return	Attach additional sheets	if necessary)			
	ination of changes i		Allacit additional sheets	in necessary)			
I declare	and certify that I have examine	d this return and accompanying sc	hedules and statements, an	d to the best of r	my knowledge and beli	ef, they are true,	correct, and complete.
					act Phone Number Include area code)		
Signatur	re of Fiduciary Representing	Estate or Trust	Date	(1			
	Check here if you	authorize the North Carolina	a Department of Reven	ue to discus	s this return and a	ttachments wi	ith the paid preparer below.
	If prepared by a person other	r than fiduciary, this certification is b	based on all information of w	hich the prepare	er has any knowledge.		
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PAID PREPARER USE ONLY	Signature of Preparer Othe	r Than Fiduciary	Date Pr		act Phone Number		
L RI				(1	nclude area code)		
	Address	IAIL TO: NC Departme	ent of Revenue PC	) Box 2501	00 Raleigh NC	27640-06	40
L	IAI			2. DOX 2000			10