



Instructions For Handwritten **Forms**

Guidelines



Do not use red ink. Use blue or black ink.









Do not use dollar signs, commas, or other punctuation marks.







Printing



Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.



Do not select "print on both sides of paper."



Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.



NCDOR | 2021 D-407 | Estates and Trusts Income Tax Return

DOR	
Use	
Use Only	

	For calendar year 2021 , or fiscal year beginning and ending (MM-DD) and ending (MM-DD-YY)			Fill in all applicable circles:
Nar	me of Estate or Trust (Legal Name) (USE CAPITAL LETTERS FOR NAME AND ADDRESS)			Initial ReturnAmended Return
				Final Return
Na	me of Fiduciary (Circle one): Administrator Executor Other	Federal E	Employer ID Number	O Entity has Nonresident
_				Beneficiaries O Qualified
Add	ress	Ара	rtment Number	Funeral Trust NC-PE attached
City	State Zip Code		County (Enter first five letters)	If estate return, was final distribution of
City	State Zip Code	_	County (Enter his live letters)	assets made during the tax year?
N.	C. Education Endowment Fund: You may contribute to the N.C. Education Endowment F	und by m	naking a contribution or des	Yes No
yo	ur overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your paymen designate your overpayment to the Fund, enter the amount of your designation on Line 19	nt of \$	· ·	
Fe	ederal Extension Was the entity granted an automatic extension to file its 2021 federal	income t	tax return, e.g., Form 1041	? Yes No
1.	Federal Taxable Income (See instructions) If amount on Line 1, 3, 5,) 1.	0	00
2.	Additions to Federal Taxable Income (From Schedule A Fiduciary Column Line 4) 6, or 7 is negative	> 2.		00
3.	Add Lines 1 and 2	3.	0	
4.	Deductions from Federal Taxable Income (From Schedule A, Fiduciary Column, Line 5)	> 4.		00
5.	Subtract Line 4 from Line 3	5.	0	
6.	Income Not Taxable to North Carolina (See instructions)	▶ 6.	0	.,
	North Carolina Taxable Income	7.	0	,
8.	(Subtract Line 6 from Line 5) N.C. Income Tax (Multiply Line 7 by 5.25% (0.0525))	▶ 8.		
	Credits and Payments	V 0.	- 	
J.	(When filing an amended return, see instructions)			
	a. Tax Credits (From Form D-407TC, Line 14)	▶ 9a.		.,
	b. Tax Paid with Extension	▶ 9b.		
	c. Tax Paid by Partnerships or S Corporations	▶ 9c.		
	d. North Carolina Tax Withheld Reported on Form 1099	▶ 9d.	, ,	
	e. Other Payments	▶ 9e.	, ,	00
10.	Add Lines 9a through 9e	10.	,	
11.	Tax Due (If Line 8 is more than Line 10, subtract Line 10 from Line 8 and enter the tax due here. Otherwise, subtract	▶ 11.	- 	,
12	Line 8 from Line 10 and enter the overpayment on Line 14.) 12a. Penalties 12b. Interest	,	-	
12.	(Add Lines 12a and	12c.		00
13	Total Due (Add Lines 11 and 12c) Pay in U.S. Currency from a Domestic Bar	nk .	ф	
	You can pay online at <u>www.ncdor.gov</u> .	13.	Φ	
14.	Overpayment	14.	. , . , , .	.,
15.	Amount of Line 14 contributed to N.C. Nongame and Endangered Wildlife Func	d ▶ 15.	. , . , , .	
16.	Amount of Line 14 contributed to N.C. Education Endowment Fund	▶ 16.	- 	.,
17.	Amount to be Refunded Subtract Lines 15 and 16 from Line 14	▶ 17.	. , . , .	.,

Page 2 Legal Name (First 10 Characters)				Federal Employer ID Number				
D-407 Web					_			
8-21			T 4 1	<u> </u>				
Estate Information:				formation: st Created				
Date of Decedent's Death			Name and					
If no return filed lest year			of Granto					
If no return filed last year, reason why								
			If no rotur	n filed last year,				
			reason w	hy				
			.					
Schedule A. Apportionmen and Trusts. The additions and de the taxable year. For more inform	ductions must be apportion							
	Important: If	more than three ben	eficiaries, includ	e separate schedule for add	ditional b	eneficiaries.		
Attach other pages if needed.	Fiduciary	Benefici	ary 1	Beneficiary 2		Beneficiary 3		
1. Identifying Number								
2. Name								
3. Net N.C.					ヨ戸			
Source Income					러는			
4. Additions					닉늗			
5. Deductions								
Important: The fiduciary m to prepare the a	ust provide each benefici appropriate N.C. tax returi	ary a Form NC K-1 า.	for Form D-40	7 and any other information	on neces	sary for the beneficiary		
Explanation of changes for	Amended Return (Attac	h additional sheets if	necessarv)					
	(,,					
I declare and certify that I have examined	this return and accompanying so	hedules and statements	and to the best of n	ny knowledge and belief, they are t	rue correc	t and complete		
Tablato and obtain and that of the state of	. and rotain and accompanying co	nodulos una statomorno,		ct Phone Number	. 40, 0000	, and complete.		
			(Ir	nclude area code)				
Signature of Fiduciary Representing E		Date	anua ta diaawaa	this return and ettechnicut	ماه ماهانی، م	- noid muonous bolo		
				this return and attachment	s with th	e paiu preparer below.		
	than fiduciary, this certification is b	pased on all information o	f which the prepare	r has any knowledge.				
ONE			_					
A A B A B A B A B A B A B A B A B A B A	Than Fiduciary	Date	Preparer's Conta (Ir	ct Phone Number nclude area code)	-	-		
			("	,				
Address								