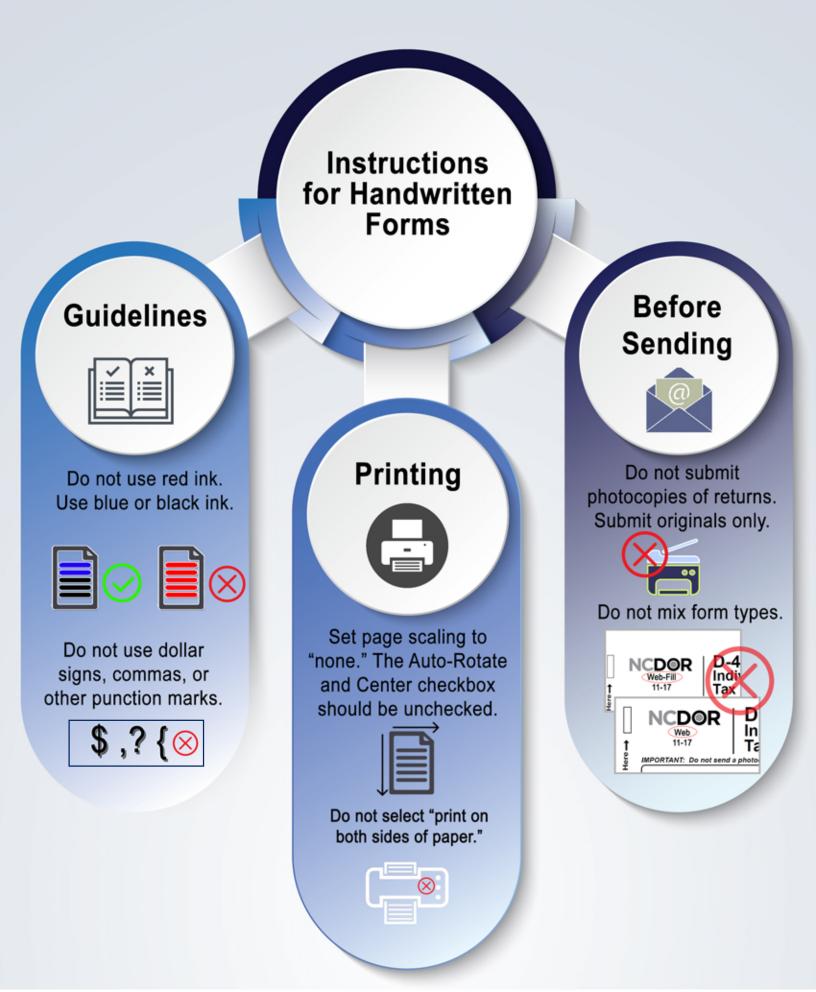
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NCDOR 2022 D-407		DOR	
Web Estates and Trusts Income Tax	k Re		·
For calendar year 2022 , or fiscal year beginning (<i>MM-DD</i>) = 222 and ending (<i>MM-DD</i> -YY)	·		Fill in all applicable circles:
Name of Estate or Trust (Legal Name) (USE CAPITAL LETTERS FOR NAME AND ADDRESS)			 Amended Return Final Return
			 Entity has Nonresident
Name of Fiduciary (<i>Circle one</i>): Administrator Executor Other	Federal E	mployer ID Number	Beneficiaries Qualified
Address	Apar	rtment Number	Funeral Trust
			O ESBT Income
City State Zip Code		County (Enter first five letters)	final distribution of assets made during the tax year?
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund:		aking a contribution or des	Signating some or all of
your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment to designate your overpayment to the Fund, enter the amount of your designation on Line 16 b	of\$	0	0 0
Federal Extension Was the entity granted an automatic extension to file its 2022 federal in	ncome ta	ax return, e.g., Form 1041	? 🔵 Yes 🔵 No
1. Federal Taxable Income including ESBT Income	▶ 1.	0	
2. Additions to Federal Taxable Income 6, or 7 is (From Schedule A Fiduciary Column Line 4) negative	▶ 2.	<u> </u>	
3. Add Lines 1 and 2 Fill in circle.	3.	0	
4. Deductions from Federal Taxable Income (From Schedule A, Fiduciary Column, Line 5)	▶ 4.		
5. Subtract Line 4 from Line 3	5.	0	
6. Income Not Taxable to North Carolina (From Schedule B, Total Amount)	▶ 6.	0	
7. North Carolina Taxable Income (Subtract Line 6 from Line 5)	7.	0	
8. N.C. Income Tax (Multiply Line 7 by 4.99% (0.0499))	▶ 8.		
9. Credits and Payments (When filing an amended return, see instructions)			
a. Tax Credits (From Form D-407TC, Line 14)	▶ 9a.	<u></u>	
b. Tax Paid with Extension	▶ 9b.	· · ·	
	▶ 9c.		
d. North Carolina Tax Withheld Reported on Form 1099	▶ 9d.		
e. Other Payments (When filing an amended return, fill in circle if amount is less than zero)	▶ 9e.	0	
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 result here. Otherwise, subtract Line 8 from Line 10 and enter result on Line 14)	▶ 11.		
12. 12a. Penalties 12b. Interest			
(Add Lines 12a and 12b and enter total on Line 12c)	12c.		
 Amount Due (Add Lines 11 and 12c) Pay in U.S. Currency from a Domestic Bank. You can pay online at <u>www.ncdor.gov</u>. 	13.	\$	
14. Overpayment When filing an amended return, see instructions	14.	· · · · · · ·	
15. Amount of Line 14 contributed to N.C. Nongame and Endangered Wildlife Fund	▶ 15.	· · · · · · ·	
16. Amount of Line 14 contributed to N.C. Education Endowment Fund	▶ 16.		.00
17. Amount to be Refunded (Subtract Lines 15 and 16 from Line 14)	▶ 17.	· · · ·	



Estate Information:	Trust Information:	
Date of Decedent's Death	Date Trust Created Name and Address of Grantor	
If no return filed last year, reason why		
	If no return filed last year, reason why	

Schedule A. Apportionment of Income and Adjustments (Complete Form NC-PE, N.C. Additions and Deductions for Pass-Through Entities, Estates, and Trusts. The additions and deductions must be apportioned between the estate or trust and the beneficiaries based on the distributions of income made during the taxable year. For more information, see instructions.)

	Important: If r	nore than three be	eneficiaries, includ	e separate schedi	ule for additiona	al beneficiaries.	
Attach other pages if needed.	Fiduciary	Benefic	ciary 1	Beneficia	ary 2	Beneficiary 3	
1. Identifying Number							
2. Name							
3. Net N.C. Source Income							
4. Additions							
5. Deductions							
Important: The fiducia to prepare	ry must provide each beneficia the appropriate N.C. tax returr	ary a Form NC K ı.	-1 for Form D-40	7 and any other i	nformation neo	cessary for the beneficiary	
beneficiary that meets the fa	ot Taxable to North Carolina cts and circumstances of North (ncome listed below is not taxable	Carolina Departme	ent of Revenue v.	The Kimberley Ric	e Kaestner 199		
					[Amount	
1. Intangible Income fo	r the Benefit of Nonresiden	t Beneficiaries			[
2. Income for the Bene	fit of Nonresident Beneficia	ries from Sour	ces Other than	North Carolina	. [
3. Intangible Income fo	r the Benefit of Resident B	eneficiaries			[
4. Income for the Bene	fit of Resident Beneficiaries	s from Sources	Other than No	rth Carolina			
5. Total (Add Lines 1 tl	hrough 4, enter total here a	nd on Page 1,	Line 6)				
Explanation of chang	es for Amended Return (/	Attach additional sh	neets if necessary)				
I declare and certify that I have exa	mined this return and accompanying scl	hedules and statemen	Conta	ct Phone Number	ef, they are true, co	rrect, and complete.	
Signature of Fiduciary Represen	ting Estate or Trust	Date	. (Ir	iclude area code)			
Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.							
	other than fiduciary, this certification is b	ased on all information	n of which the prepare	has any knowledge.			
Bignature of Preparer	Other Than Fiduciary	Date	Preparer's Conta (Ir	ct Phone Number Iclude area code)			
Address	MAIL TO: NC Departme	nt of Revenue,	, P.O. Box 2500	0, Raleigh, NC	27640-064	0	