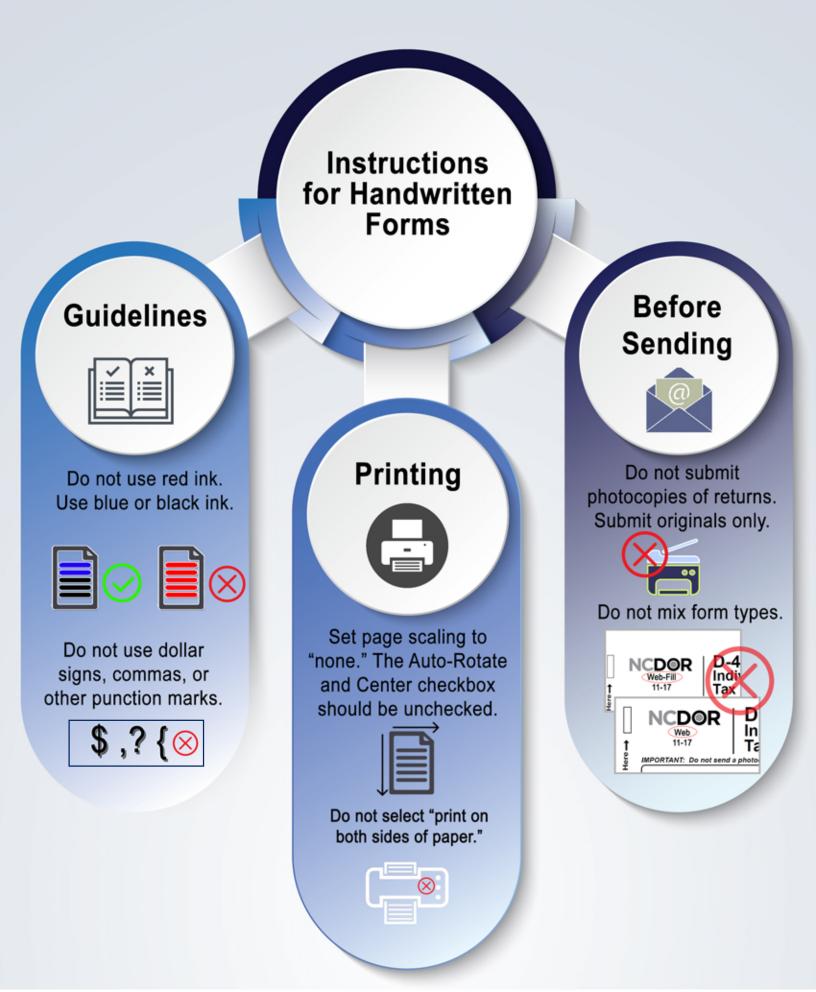
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\square						
	NCDOR D-400	-400 dividual Income 2023		DOR Use Only		
⊥			2023			
ē	Tax Retu					
Ηe	IMPORTANT: Do not send a photocopy of this form. Print in Black or Blue Ink Only. No Pencil or Red Ink. 💛 Fill in circle (See instructions)					
eturr	For calendar year 2023 , or fiscal year beginning (<i>MM-DD</i>) = 23 and ending (<i>MM-DD-YY</i>) = =					
r R	Your Social Security Number					
IMPORTANT: Do not send a photocopy of this form. Print in Black or Blue Ink Only. No Pencil or Red Ink. For calendar year 2023, or fiscal year beginning (MM-DD) = = 2 3 and ending (MM-DD-YY) Your Social Security Number Spouse's Social Security Number Spouse's Social Security Number Your First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) M.I. Your Last Name If a Joint Return, Spouse's First Name M.I. Spouse's Last Name						
s of	Your First Name (USE CAPITAL LETTERS FOR YOUR NAME AN	r Last Name				
age			une la cot Nome	<u> </u>		
AIIF	If a Joint Return, Spouse's First Name	M.I. Spo	ouse's Last Name			
	Mailing Address			Apartment Number		
Staple						
	City	State	Zip Code Country (If n	ot U.S.) County (Enter first five letters)		
	L			/		
APC	N.C. Education Endowment Fund: You may cor all of your overpayment to the Fund. To make a co			a contribution or designating some or		
	To designate your overpayment to the Fund, enter the	e amount of your designatio	n on Page 2, Line 31. (See instru	,		
Out of Country Fill in circle if you, or if married filing jointly, your spouse were out of the country on April 15, 2024, and a U.S. citizen or resident.						
Deceased Taxpayer Information Enter date of death of deceased taxpayer or deceased spouse. O Fill in circle if return is filed and signed by Executor, Taxpayer Spouse						
Administrator, or Court-Appointed Personal Representative.						
Res	Sidency Status Were you a resident of N.C Was your spouse a reside	•	○ Yes ○ No ○ Yes ○ No	lf No , complete and attach Form D-400 Schedule PN.		
Veteran Information Are you a veteran? Yes No Is your spouse a veteran? Yes No						
Federal Extension Were you granted an automatic extension to file your 2023 federal income tax return, e.g., Form 1040? Yes No						
Single 1. ○ Single 2. ○ Married Filing Jointly (Enter your spouse's full name and Social Single 3. ○ Married Filing Separately → full name and Social						
Stat	Reference of the second seco					
Image: Separately Separately Separately Security Number) Tull name and Social Security Number) Security Number) SSN						
Filing	5. O Qualifying Widow(er) (Year spouse died:)	Enter Whole U.S	. Dollars Only		
	6. Federal Adjusted Gross Income	If amount	▶ 6. ()			
	7. Additions to Federal Adjusted Gross Incom	e on Line 6, 8, 12b, or 14 is	▶ 7.			
	(From Form D-400 Schedule S, Part A, Line 16	6) negative, fill in circle.	· · · · · · · · · · · · · · · · · · ·	.00		
	8. Add Lines 6 and 7	Example:	8. ()			
Here –	9. Deductions From Federal Adjusted Gross In (From Form D-400 Schedule S, Part B, Line 4		▶ 9.	.00		
	10. Child Deduction (On Line 10a, enter the r children for whom you were allowed a federal Line 10b, enter the amount of the child deduction	child tax credit. On	10a. • 10b.	.00		
	11. 🔿 N.C. Standard Deduction OR 🔿 N.C. Itemized Deductions					
	(Fill in one circle only. See Form D-400 Sche	,	· · · · · · · · ·			
Staple W-2s	12. a. Add Lines 9, 10b, and 11.	■00 12b. Subtract Line 12a from Line	8 0	.00		
Stap	13. Part-year Residents and Nonresidents Taxable Percentage (From Form D-400 Schedule PN, Line 24. Enter amount as decimal.) 13.					
	14. North Carolina Taxable Income Full-year residents enter the amount from Lir Part-year residents and nonresidents multip the decimal amount on Line 13.	ne 12b. Ny amount on Line 12b by	▶ 14. O	.00		
	 15. North Carolina Income Tax Multiply Line 14 by 4.75% (0.0475). If zero or 	less, enter a zero.	▶ 15.	.00		

Page 2 D-400 Web 8-23	Tax Year 2023	Your Social S	ecurity Number		
16. Tax Credits (From Form D-400TC, Part 3, Line	20)	► 16.			
17. Subtract Line 16 from Line 15		17.			
18. Consumer Use Tax (See instructions)	If you certify that no Consumer Use Tax is due, fill in circle.	► O ► 18.	_ 00		
19. Add Lines 17 and 18					
20. North Carolina Income Tax Withheld	b. Spouse's	tax withheld			
21. Other Tax Payments a. 2023 estimated ta		extension	If you claim a partnership payment		
c. Partnership	•00 • d. S Corpor	ration	on Line 21c or S corporation payment on Line 21d, you must attach a copy of the		
► <u> </u>			NC K-1.		
22. Additional Payments (Amended Returns Only. S	See instructions)	22.			
23. Add Lines 20a through 22		If amount on Line 25 is 23. negative, fill in circle.			
24. Previous Refunds (Amended Returns Only. See	e instructions)	Example: 24.			
25. Subtract Line 24 from Line 23. (If less than zer	ro, see instructions.)	• 25. O			
26. a. Tax Due - If Line 25 is less than Line 19, sub	tract Line 25 from Line 19. Otherwise,	go to Line 28. 🕨 26a.			
b. Penalties c. Interest	(Add Lines 26b and 26c and enter the total on Line 26d.)	26d.			
e. Interest on the Underpayment of Estimate (See instructions and enter letter in box, if ap		▶ 26e.	00		
27. Amount Due - Add Lines 26a, 26d, and 26e Pay in U.S. Currency from a Domestic Bank - online at <u>www.ncdor.gov</u> .	of Estimated	27. \$			
28. Overpayment - If Line 25 is more than Line 19, 19 from Line 25.	subtract Line	28.			
<i>When filing an amended return, see</i> 29. Amount of Line 28 to be applied to 2024 Estima	70202 ▶ 29.				
30. Contribution to the N.C. Nongame and Endang	jered Wildlife Fund	06 025 → 30.			
31. Contribution to the N.C. Education Endowmen	t Fund	▶ 31.	00		
32. Contribution to the N.C. Breast and Cervical C	▶ 32.				
33. Add Lines 29 through 32		33.	_ 00		
34. Subtract Line 33 from Line 28. This is the Amo For direct deposit, file electronically	▶ 34.	,			
I declare and certify that I have examined this return and accompany	ying schedules and statements, and to the best of i	ny knowledge and belief, they are tr	ue, correct, and complete.		
Your Signature Contact Phone Number (Include area code)	Check her	re (If filing joint return, both must e if you authorize the North (is return and attachments wi	Carolina Department of Revenue to		
If prepared by a person other than taxpayer, this certificat information of which the preparer has any knowledge.			Contact Phone Number (Include area code)		
	Paid Preparer's Signature Date If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001				
If REFUND, mail ret If you ARE NOT due a refund, mail return, an					