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NCDOR 2024 D-407	DOR
Bestates and Trusts Incor	ne Tax Return
For calendar year 2024 , or fiscal year beginning = = = 2 4	and ending
Name of Estate or Trust (Legal Name) (USE CAPITAL LETTERS FOR NAME AND ADDRESS)	Amended Retu Final Return
	· · · · · · · · · · · · · · · · · · ·
Name of Fiduciary (Circle one): Administrator Executor Other	Federal Employer ID Number Beneficiaries
Address	Apartment Number
	ESBT Income
City State Zip Cod	assets made durin the tax year?
N.C. Education Endowment Fund: The estate or trust may contribute to the N.C. Education En	dowment Fund by making a contribution or designating some or all of the estat
or trust's overpayment to the Fund. To make a contribution, enclose Form NC-EDU and the estate's or trust's overpayment to the Fund, enter the amount of the estate's or trust's desi	
Federal Extension Was the entity granted an automatic extension to file its 2	2024 federal income tax return, e.g., Form 1041? O Yes O No
1. Federal Taxable Income including ESBT Income	
2. Additions to Federal Taxable Income (From Schedule A, Eiduciary Column Line 4)	10 is ∋ fill in ► 2.
3. Add Lines 1 and 2 Exam	3
4. Deductions from Federal Taxable Income (From Schedule A, Fiduciary Column, Line 5)	► 4
5. Subtract Line 4 from Line 3	<u> </u>
6. Income Not Taxable to North Carolina (From Schedule B, Line 5)	▶ 6. ○
7. North Carolina Taxable Income (Subtract Line 6 from Line 5)	7. 0
8. N.C. Income Tax (Multiply Line 7 by 4.50% (0.0450))	▶ 8.
9. Credits and Payments (When filing an amended return, see instructions)	
a. Tax Credits (From Form D-407TC, Line 14)	•00
b. Tax Paid with Extension	■ ⁸ ▶ 9b •00
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	
11. Tax Due (If Line 8 is more than Line 10, subtract Line 10 from Line 8 and enter Otherwise, subtract Line 8 from Line 10 and enter result on Line 14)	result here. ▶ 11.
12. 12a. Penalties 12b. Interest	
	ines 12a and nd enter total 12c. Line 12c) 00
13. Amount Due (Add Lines 11 and 12c) Pay in U.S. Currency from a Domestic Bank. You can pay online at <u>ncdor.gov</u> .	13. \$ 00
14. Overpayment	14
 When filing an amended return, see instructions 15. Amount of Line 14 contributed to N.C. Nongame and Endangered Will 	dlife Fund ▶ 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

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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 m	nore than three be	eneficiaries, includ	e separate sched	ule for additiona	al beneficiaries.
Attach other pages if needed.	Fiduciary	Benefic	ciary 1	Benefici	ary 2	Beneficiary 3
1. Identifying Number						
2. Name						
3. Net N.C. Source Income						
4. Additions						
5. Deductions						
	ny muat provide each beneficie		1 for Form D 40	7 and any other	information no.	according to the hereficiery
to prepare	ry must provide each beneficia the appropriate N.C. tax return			r and any other	information ne	cessary for the beneficiary
beneficiary that meets the fa	ot Taxable to North Carolina cts and circumstances of North C come listed below is not taxable	Carolina Departme	ent of Revenue v. 7	The Kimberley Ric	e Kaestner 199	
					[Amount
1. Intangible Income for	[
2. Income for the Bene	fit of Nonresident Beneficia	ries from Sour	ces Other than	North Carolina	a [
3. Intangible Income for	r the Benefit of Resident Be	eneficiaries			[
4. Income for the Bene	fit of Resident Beneficiaries	from Sources	Other than No	rth Carolina	[
5. Total (Add Lines 1 th	nrough 4, enter total here a	nd on Page 1,	Line 6)		[
Explanation of change	es for Amended Return (A	Attach additional sh	eets if necessary)			
I declare and certify that I have exa	mined this return and accompanying sch	edules and statemen			ef, they are true, co	rrect, and complete.
		-		ct Phone Number Include area code)		=
Signature of Fiduciary Represen	ting Estate or Trust rou authorize the North Carolina	Date Department of R	evenue to discuss	this return and a	ttachments with	the paid preparer below.
	other than fiduciary, this certification is ba	•				
ALY						
A B B B B B B B B B B B B B B B B B B B	Other Than Fiduciary	Date	Preparer's Contac (In	ct Phone Number clude area code)		=
Address	MAIL TO: NC Departmen	nt of Revenue	P.O. Box 2500	0 Raleigh NC	27640-064	n