← Staple W-2s Here D-400

Individual Income Tax Return 2003

Web

11-03	North Caroli	ina Department o	f Revenue	Print in Bla	ack or Blue Ink Only.	
For calendar year 2003, or other tax year	ar beginning (MM-DD)		3 and endir	ng (MM-DD-YY) =		
Your Social Security Number		Spouse's Social Security Number You must enter your social security number(s)				
Your First Name (USE CAPITAL LETTERS FOR YOU	R NAME AND ADDRESS)	M.I. Your Last Name				
If a Joint Return, Spouse's First Name		M.I. Spouse's Last N	ame			
Address				County (E	nter first five letters)	
City		State Zip (Code	Country (If not U.S.)		
Deceased Taxpayer Information	 		 	Parties Financing Fund		
If return is for a deceased taxpayer or deceased spouse, enter date of death. Deceased taxpayer's	and helps fund ju accept strict fund limits. Do you agi	a nonpartisan voter guide udicial candidates who draising and spending ee that \$3 should go to in a circle below will not	designate \$1 remains the san a designation.	iate circle if you want to to this fund. Your tax ne whether or not you make		
date of death (MM-DD-YY)	increase your tax	or reduce your refund.	You	Your Spouse		
Deceased spouse's date of death (MM-DD-YY)	You O Yes O No	<u>Your Spouse</u> ○ Yes ○ No	O Democration O Republican O Unspecified	O Republican	5005	
Residency Were you a resident of N.C. Was your spouse a residen	,	- II n	o, complete Lines	s 46 through 50 on Page 4		
Status Same as federal. Fill in one circline Instructions for Lines 1 through	cle only. If your spouse gh 5. If you do not indicat	was a nonresident and had e your filing status by filling in	no North Carolina tan one of the circles, a	exable income in 2003, see the cany refund due will be delayed.		
1. ○ Single 2. ○ Married Filing Jointly 3. ○ Married Filing Separately → (Enter your spouse's full name and Social Security Number) CENT Security Number of Exemptions claimed on your federal income tax return						
4. O Head of Household	Security (Vurniber) SSN					
5. O Qualifying Widow(er) with Dep	endent Child (Year s	spouse died:)			
Page reference	es are to Form D-40	1, Individual Income Ta	x Instructions	Enter Whole U.S. D	ollars Only	
6. Taxable Income from Your Feder Form 1040, Line 40; Form 1040A, Line Tax Record, Line K(1) Taxable Incom	e 27; Form 1040EZ, L	ine 6; or TeleFile	If amount on including inc	6. 0	.00	
 Additions to Federal Taxable Inco All taxpayers must complete Lines 2 amount from Line 38 		age 3 and enter	Example:	7.	. 00	
8. Add Lines 6 and 7				8. 0	. . 00	
9. Deductions from Federal Taxable Income If applicable, complete Lines 39 through 45 on Page 3 and enter amount from Line 45						
0. Line 8 minus Line 9				10. 🔾		

Your Social Security Number

Your Last Name (First 10 Characters)



Tax Year **2003**

Your Social Security Number

11-03 Additions to Federal Taxable Income (See Line Instructions beginning on Page 8.) 29. Enter the itemized deductions or the standard deduction from your federal return Form 1040, Line 37 Enter Whole U.S. Dollars Only Form 1040A, Line 24 Form 1040EZ SINGLE filers - enter \$4,750 OR the amount from Line 5 of Form 1040EZ, whichever is less Form 1040EZ MARRIED FILING JOINTLY filers - enter \$9,500 OR the amount from Line 5 of Form 1040EZ, whichever is less TeleFile Tax Record filers - enter standard deduction from Line J(1) of TeleFile Tax Record **30.** Enter your N.C. standard deduction (The standard deduction for most people is shown below.) Head of household \$4,400 Married filing separately: _00 Qualifying widow(er) \$5,500 If your spouse does not claim itemized deductions . \$2,750 If your spouse claims itemized deductions0 Note: If 65 or older or blind OR if someone can claim you as a dependent, see the applicable chart or worksheet on Page 8 to determine the amount to enter on this line. 31. Subtract Line 30 from Line 29 and enter the result here, but not less than zero IMPORTANT: If you claimed the standard deduction on your federal return, skip Line 32 and enter on Line 33 the amount entered on Line 31 32. If you itemized your deductions on your federal return, Form 1040, enter the state and local income taxes from Line 5 of Federal Schedule A and any foreign income taxes included on Line 8 of Federal Schedule A. IMPORTANT: If you were required to complete the Itemized Deductions Worksheet in the instructions for 32 Federal Form 1040, see Page 9 33. Compare Line 31 with Line 32 and enter whichever is less 33. 34. Personal exemption adjustment (Complete the Personal Exemption Adjustment Worksheet on Page 9 of the instructions and enter the result) 35. Interest income from obligations of states other than North Carolina **36.** Adjustment for additional first-year depreciation (See instructions on Page 9) 37. Other additions to federal taxable income (Attach explanation or schedule) 37 38. Total additions - Add Lines 33 through 37 (Enter the total here and on Line 7) 38. Deductions from Federal Taxable Income (See Line Instructions beginning on Page 10.) 39. 39. State or local income tax refund if included on Line 10 of Federal Form 1040 40. Interest income from obligations of the United States, United States' possessions, or the State of North Carolina 41. Taxable portion of Social Security and Railroad Retirement Benefits included on your federal return 42. Retirement benefits received by vested N.C. State government, N.C. local government, or federal government retirees (Bailey settlement) 43. If you have retirement benefits not reported on Lines 41 or 42, complete the Retirement Benefits Worksheet on Page 11 and enter the result here 44. Other deductions from federal taxable income (Attach explanation or schedule)

45. Total deductions - Add Lines 39 through 44 (Enter the total here and on Line 9)

45.

11-03

Tax Year **2003**

Your Social Security Number

Computation of North Carolina Taxable Income for Part-Year Residents and Nonresidents (See Line Instructions beginning on Page 11.)

You Your Spouse If you were a part-year resident of Date residency began (MM-DD-YY) North Carolina, enter the dates of residency in the boxes. Date residency ended (MM-DD-YY) If amount on Line 46, 47, 48, or 49 is negative, fill in circle. 1 Enter Whole U.S. Dollars Only 46. Total income while you were a Resident of North Carolina 46. (If a loss, enter amount and fill in circle to indicate the amount is negative) 47. Total income from North Carolina sources while you were a Nonresident 47. of North Carolina (If a loss, enter amount and fill in circle to indicate the amount is negative) 48. Add Lines 46 and 47 48. C 49. Total income from all sources Form 1040, Line 22; 1040A, Line 15; 1040EZ, Line 4; or TeleFile Tax Record, Line I 49. ((If you entered additions or deductions on Lines 7 or 9, see the instructions on Page 11) 50. Divide Line 48 by Line 49 (Enter the result as a decimal amount here and on Line 12; 50. round to four decimal places) I certify that, to the best of my knowledge, this return is accurate and If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge. complete. Your Signature Paid Preparer's Signature Date Sian Here Spouse's Signature (If filing joint return, both must sign.) Date Preparer's FEIN, SSN, or PTIN Daytime Telephone Number (Include area code.) Preparer's Telephone Number (Include area code.) N.C. DEPT. OF REVENUE N.C. DEPT. OF REVENUE If REFUND mail return to: If you ARE NOT due a refund, mail P.O. BOX R return, any payment, and D-400V to: P.O. BOX 25000 RALEIGH, NC 27634-0001 RALEIGH, NC 27640-0640

Payment Options

Online - You may pay your tax online by bank draft, Visa, or MasterCard. Go to the Department's website www.dor.state.nc.us and click on Electronic Services for details.

Payment Voucher - If you received a pre-addressed income tax booklet **and** you do not pay your tax online, use the payment voucher **(Form D-400V)** included in the back of the booklet. Complete the voucher and enclose it with your return and payment in the envelope provided. Do not use Form D-400V if any of the preprinted information does not match what you entered on your return. Instead, go to our website to generate a personalized D-400V with the correct information. Please do not staple, tape, paper clip, or otherwise attach your payment or voucher to your return or to each other.



D-400TC

Web 11-03

Last Name (First 10 Characters)

2003 Individual Tax Credits

North Carolina Department of Revenue See instructions beginning on Page 12.

If you claim a tax credit on Line 15 of Form D-400, you must attach this form to the return. If you do not, the tax credit may be disallowed.

Your Social Security Number

			_			
You must attach a	for Income Tax Paid to Anota a copy of the return filed with the state or country, do not fill in	other state or country and	d proof of payment. Im	portant: If you cla	aim a tax c	redit for tax paid
filers), adjuste	Total income from all sources while a resident of North Carolina (combined for joint filers), adjusted by the applicable additions shown on Lines 35 through 37 and deductions shown on Lines 39 through 44. Do not make an adjustment for any portion of Line 37 or 44 that does not relate to gross income. (If Line 1 is negative, fill in circle)		37 and deductions	_	Whole U.S.	Dollars Only
			of Line 37 or 44 that	▶ ○ 1.	,	
2. The portion of	Line 1 that was taxed by another	r state or country		2.	,	
3. Divide Line 2	by Line 1 and enter the result as a	a decimal amount (Round to	o four decimal places)	3.		
4. North Carolina	a income tax (From Form D-400, L	Line 14)		▶ 4	, ,	 •00
5. Computed cre	dit (Multiply Line 3 by Line 4)			5.	, ,	
	t tax paid to the other state or cou ons on Page 12 for definition of ne		on Line 2	6.	, ,	 00
7a. Enter the less	er of Line 5 or Line 6 and include i	n the total on Line 19, Part 4	1	▶ 7a.	, , ,	
7b. Enter in the b	ox the number of states for which	credits are claimed		▶ 7b.		
Part 2. Credit	for Child and Dependent Ca	re Expenses				
\$2,400 for or	enses from Line 3 of Federal Form ne qualifying dependent or \$4,8 pendent Care Expenses on Pag	300 for two or more quali	fying dependents (See		8.	.00
	ion of Line 8 that was incurred font(s) who were physically or ment			•	9.	.00
	ne Child and Dependent Care C icimal amount in Column A of the			ne 9 by the	▶ 10.	00
11. Other qualifyir	ng expenses (Line 8 minus Line 9	9)			11	.00
	ne Child and Dependent Care C ne 11 by the applicable decimal a				▶ 12.	00
13. Total credit fo here and on L	r child and dependent care expen ine 15 below	ises (Line 10 plus Line 12).	Full-year residents e	nter this amount	13.	00
Form D-400, L	and part-year residents multiply Line 12 and enter the result here a unt from Line 13 here and on Line	nd on Line 15 below. If Line			14.	
15. Total credit for total on Line	r child and dependent care expens 19, Part 4)	ses from Line 13 or Line 14	(Include the amount or	n this line in the	15.	00

11-03

Your Social Security Number

Part 3. Credit for Children

Important: This credit can be claimed only for a dependent child who was under 17 years of age on the last day of the tax year.

	<u> </u>		
	If you are entitled to claim the federal child tax credit and your federal adjusted gross income (For Line 34; or Form 1040A, Line 21) is less than the following amounts shown for your filing status (filing jointly/qualifying widow(er) - \$100,000; Head of Household - \$80,000; Single - \$60, Married filing separately - \$50,000), complete Lines 16 through 18. Otherwise, do not complete 16 through 18; you may not claim the credit for children	Married 000; or	Enter Whole U.S. Dollars Only
16.	Multiply the number of children for whom you are entitled to claim the federal child tax credit by \$75 and enter the result here (<i>Full-year residents</i> enter this amount here and on Line 18 below)		▶ 16 . 00
17.	Nonresidents and part-year residents multiply the amount on Line 16 by the decimal amount from D-400, Line 12 and enter the result here and on Line 18 below. If Line 12 of Form D-400 is most than 1.0000, enter the amount from Line 16 here and on Line 18 below		17 100
18.	Credit for children (Include the amount on this line in the total on Line 19, Part 4)		18 •00
Pa	rt 4. Other Tax Credits (Limited to the amount of tax)		
19.	Total of Parts 1, 2, and 3 (Add Lines 7a, 15, and 18)	19.	,
20.	Credit for charitable contributions by nonitemizers (Complete the Worksheet for Determining Tax Credit for Charitable Contributions on Page 13 of the instructions)	> 20.	00
21.	Credit for long-term care insurance premiums (Complete the Worksheet for Determining Tax Credit for Premiums Paid on Long-term Care Insurance Contracts on Page 13 of the instructions) Do not enter more than \$350 per contract	> 21.	00
22.	Credit for qualified business investments (See instructions on Page 13)	2 2.	
23.	Credit for disabled taxpayer, dependent, or spouse (Complete Form D-429, Worksheet for Determining the Credit for the Disabled Taxpayer, Dependent, or Spouse, and enter the amount from Line 13 or 14, whichever is applicable)	> 23.	,
24.	Credit for certain real property donations (See instructions on Page 14)	2 4.	00
25.	Credit for rehabilitating an historic structure (See instructions on Page 14) — Fill in applicable circle:—		,
	○ Income-Producing ○ Nonincome-Producing	> 25.	
26.	Other miscellaneous income tax credits (See instructions on Page 14) — Fill in applicable circles:		
	 ○ Property Taxes on Farm Machinery ○ Gleaned Crops ○ Poultry Composting ○ Handicapped Dwelling Units ○ Conservation Tillage Equipment 	> 26.	
27.	Tax credits carried over from previous year, if any. Do not include any carryover of tax credits claimed on Form NC-478	> 27.	00
28.	Total (Add Lines 19 through 27)	28.	,
29.	Amount of tax (From Form D-400, Line 14)	29.	,
30.	Enter the lesser of Line 28 or Line 29	30.	
31.	Business incentive and energy tax credits (See instructions on Page 14. Attach Form NC-478 and any required supporting schedules to the front of your income tax return)	> 31.	,
32.	Add Lines 30 and 31 (Enter the total here and on Form D-400, Line 15) The amount on this line may not exceed the tax shown on Form D-400, Line 14	32.	,

You must submit this form if you claim a tax credit on Line 15 of Form D-400.

