

D-400 Schedule AM 2015 North Carolina Amended Schedule

Important: You must complete Form D-400 and fill in the applicable circle indicating amended return. Attach this schedule to the front of your North Carolina amended D-400 return. (See Instructions.)

Your Social Security Number		Sı	pouse's Social Security Number	
	You <u>must</u> ent social security r	er your		
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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		
Mailing Address - If this is a change, fill in applicable circle.				Apartment Number
City	State	Zip Code	Country (If not U.S.)	County (Enter first five letters)
Reason(s) for Amending Your Return Fill in the circles for all	Il applicable boxes			
	тарриварте рохов.			
Federal audit change (Attach federal audit report.) Additional Income (Include W-2. 1099, or K-1.)				
Adjustments to D-400 Schedule S (Attach Schedule S and any supporting explanations or schedules.)				
Tax Credits (Attach Form D-400TC.)				
Filing Status (Note: You cannot change from joint to separate returns after the due date of the original return.)				
Change in Social Security Number or ITIN (SSN or ITIN on original return)				
Original return has previously been audited by the Department. Net operating loss (Include copy of your federal form 1045, including Schedules A and B.)				
Injured/innocent spouse				
O Tax Treaties				
Other				
Evol	anation o	f Changes		
Explanation of Changes				
Give the reason for each change. Attach all supporting forms and schedules for the items changed. Be sure to include your name and social security number on any attachments. If the changes are also applicable to your federal return, include a copy of Federal Form				
1040X. If there was a change to wages or State withholding, be sure to include corrected Forms W-2 or 1099. Refunds will not be				
processed without a complete explanation of changes and required attachments.				
Mail Form D-400 Schedule AM, Form D-400, all required s	chedules, su	pporting forms, and	, if applicable, payment for	the amount shown
due on Form D-400), Line 27 and	Form D-400V Amer	nded to:	
N.C. DEPARTMENT OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640				