

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.)

	You <u>must</u> ent ocial security r		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		
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)
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 s Tax Credits (Attach Form D-400TC.) Filing Status (Note: You cannot change from joint to separa Change in Social Security Number or ITIN (SSN or ITIN on o Original return has previously been audited by the Departme Net operating loss (Include copy of your federal form 1045, includir Injured/innocent spouse Tax Treaties Other	ate returns af original return ent. ing Schedules	fter the due date of n	,	
Give the reason for each change. Attach all supporting for social security number on any attachments. If the change 1040X. If there was a change to wages or State withhold processed without a complete explanation of changes	rms and sch es are also a ling, be sure	nedules for the ite applicable to your e to include corre	r federal return, include a ected Forms W-2 or 1099	a copy of Federal Form

Mail Form D-400 Schedule AM, Form D-400, all required schedules, supporting forms, and, if applicable, payment for the amount shown due on Form D-400, Line 27 and Form D-400V Amended to: