

D-400 Schedule AM 2016 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 You must enter your social security number(s). 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)
Reason(s) for Amending Your Return Fill in the circles for	r all applicable boxes.			
 Additional Income (Include W-2, 1099, or K-1.) Adjustments to D-400 Schedule S (Attach Schedule S and a Tax Credits (Attach Form D-400TC.) Filing Status (Note: You cannot change from joint to see Change in Social Security Number or ITIN (SSN or ITIN Original return has previously been audited by the Depar Net operating loss (Include copy of your federal form 1045, incomputed/innocent spouse Tax Treaties Other 	parate returns af on original returr tment.	ter the due date of th	e original return.)	
Give the reason for each change. Attach all supporting social security number on any attachments. If the char 1040X. If there was a change to wages or State within processed without a complete explanation of change.	nges are also a olding, be sure	edules for the items applicable to your fe to include correcte	ederal return, include a co	opy of Federal Form
Mail Form D-400 Schedule AM, Form D-400, all required		oporting forms, and Form D-400V Amer		or the amount shown

N.C. DEPARTMENT OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640