



Instructions for Handwritten **Forms**

Guidelines



Do not use red ink Use blue or black ink







Do not use dollar signs, commas, or other punction marks



Printing



Before printing select "actual size"

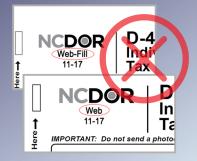


Do not select "print on both sides of paper"



Before Mailing





Do not submit photocopies of returns Submit originals only





is negative, enter -0- on Line 15.

Individual Income

9-17 Tax Return 2017 AMENDED RETURN Fill in circle (See instructions) IMPORTANT: Do not send a photocopy of this form. Print in Black or Blue Ink Only. No Pencil or Red Ink. 1 7 and ending (MM-DD-YY) For calendar year **2017**, or fiscal year beginning (MM-DD) Your Social Security Number Spouse's Social Security Number You must enter your social security number(s) Your First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) Your Last Name If a Joint Return, Spouse's First Name M.I. Spouse's Last Name Mailing Address Apartment Number City State Zip Code Country (If not U.S.) County (Enter first five letters) N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. See instructions for information about the Fund. Fill in circle if you or, if married filing jointly, your spouse were out of the country on April 15 and a U.S. citizen or resident. Enter date of death of deceased taxpayer or deceased spouse. **Deceased Taxpayer Information** Fill in circle if return is filed and signed by Executor, Administrator or Court-Appointed Personal Representative. Taxpaver (MM-DD-YY) Were you a resident of N.C. for the entire year of 2017? Yes No If **No**, you must complete and attach Form D-400 Schedule PN. **Residency Status** Was your spouse a resident for the entire year? Yes No Did you claim the standard deduction on your 2017 federal return? O Yes O No **Filing Status** Are you a veteran? Yes O No **Veteran Information** (See Instructions) (Fill in one circle only) Is your spouse a veteran? Yes \(\) No 1. O Single 2. Married Filing Jointly 3. Married Filing Separately → full name and Social Security Number) 4. O Head of Household 5. Qualifying Widow(er) (Year spouse died: Enter Whole U.S. Dollars Only 6. Federal adjusted gross income If amount on Line 6, 8, 10, 7. Additions to federal adjusted gross income (From Form D-400 Schedule S, Part A, Line 6) 12. or 14 is negative, fill in circle. 8. Add Lines 6 and 7 Example: 9. Deductions from federal adjusted gross income 9. (From Form D-400 Schedule S, Part B, Line 14) 10. Subtract Line 9 from Line 8 10. Here 11. O N.C. standard deduction OR O N.C. itemized deductions 11. (Fill in one circle only. See Form D-400 Schedule S, Part C.) W-2s 12. Subtract Line 11 from Line 10 12 <u>o</u> 13. Part-year residents and nonresidents taxable percentage (From Form D-400 Schedule PN, Line 24. Enter amount as decimal) 14. North Carolina Taxable Income Full-year residents enter the amount from Line 12. 14 Part-year residents and nonresidents multiply amount on Line 12 by the decimal amount on Line 13. 15. North Carolina Income Tax To calculate your tax, multiply Line 14 by 5.499% (0.05499). If Line 14 .00

	age 2 400 Web 9-17	Last Name (First	10 Characters)	2	Tax Year 2017		Your Social Sec	urity Number	
16.	. Tax Credits (From Form D-400TC, Part 3, Line 20)						1 6.	,	
17.	7. Subtract Line 16 from Line 15						17.		
18.	Consumer	Use Tax (See	e instructions)	If you certify tha Use Tax is due		▶ ○	1 8.	,	
	Add Lines North Card	olina	a. Your tax withheld	b. Spouse's tax withheld			19.	00	
21.	Income Tax W Other Tax Pay		2017 estimated tax	•00	b. Paid with	extension	00	If you claim a partnership payment	
			c. Partnership		d. S Corpora	tion	00	on Line 21c or S corporation payment on Line 21d, you must attach a copy of the NC K-1.	
22.	Amended F	Returns Only	- Previous payments (See		in instructions)		22.		
	If amount on Line 25 is negative, fill in						23.	,,	
24.	4. Amended Returns Only - Previous refunds (See "Amended Returns" in instructions) Example:						24.	,	
25.	Subtract Line 24 from Line 23						25.		
26.	a. Tax Due - If Line 19 is more than Line 25, subtract Line 25 from Line 19. (If Line 25 is negative, see instructions.) b. Penalties c. Interest (Add Lines 26b and 26c and enter the total on Line 26d.) e. Interest on the underpayment of estimated income tax (See instructions and enter letter in box, if applicable.) Add Lines 26a, 26d, and 26e Pay This Amount - You can pay online. See instructions.						➤ 26a.		
							26d.		
							➤ 26e.	,	
27.							27. \$.00	
28.		e 19 from Line		.		7020	28.	.00	
29.	Amount of Line 28 to be applied to 2018 Estimated Income Tax						> 29.	00	
30.	Contribution to the N.C. Nongame and Endangered Wildlife Fund						3 0.	00	
31.	. Contribution to the N.C. Education Endowment Fund						3 1.	,	
32.	2. Contribution to the N.C. Breast and Cervical Cancer Control Program						32.		
33.	Add Lines 29 through 32						33.	,	
34.			ne 28. This is the Amount electronically.	To Be Refunded.		l	34.	00	
Sign Here	information of which the p						an taxpayer, th r has any know	nis certification is based on all wledge.	
	Your Signature Date Paid Preparer's S							Date	
ြ	Spouse's Signature (ir ming joint return, both must sign.)				Preparer's FEIN, SSN, or PTIN				
	Home Telephone Number (Include area code) Preparer's Telephone Number (Include area code)								
	If REFUND mailN.C. DEPT. OF REVENUEreturn to:P.O. BOX R RALEIGH, NC 27634-0001FOR ORIGINAL RETURNS ONLYIf you ARE NOT due a refund, mail return, any payment, and D-400V to:N.C. DEPT. OF REVENUE P.O. BOX 25000 RALEIGH, NC 27640-0640								