



#### Instructions For Handwritten **Forms**

### **Guidelines**



Do not use red ink. Use blue or black ink.









Do not use dollar signs, commas, or other punctuation marks.







## **Printing**



Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.



Do not select "print on both sides of paper."



## **Before** Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.





# NCDOR D-400 Schedule AM North Carolina Amended Schedule

| DOR Use Only |   |
|--------------|---|
|              | ١ |
|              | - |

| Your Social Security Number   |                             |                       | Spouse's Social Security Number |                                   |
|---|-----------------------------|-----------------------|---------------------------------|-----------------------------------|
| — —   | You must el social security |                       | — —                             |                                   |
|   | - Social Security           | y mumber(s)           |                                 |                                   |
| Your First Name (USE CAPITAL LETTERS FOR YOUR NAME AND AL   | DDRESS) 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 circle.  |                             |                       |                                 | Apartment Number                  |
| waining Address - It this is a change, in in 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 a   | all applicable circles)     |                       |                                 |                                   |
| Federal audit change (Attach federal audit report)  Additional Income (Include W-2, 1099, or K-1)         |                             |                       |                                 |                                   |
| Additional income (include w-2, 1099, of K-1)  Adjustments to D-400 Schedule S (Attach schedule           | le and anv supporting docເ  | umentation)           |                                 |                                   |
| Adjustments to D-400 Schedule PN (Attach sched  |                             | ,                     |                                 |                                   |
| Tax Credits (Attach Form D-400TC)   |                             |                       |                                 |                                   |
| <ul><li>Filing Status (Note: You cannot change from jo</li></ul>  | int to separate returns     | after the due date of | the original return)            |                                   |
| Change in Social Security Number or ITIN (SSN   | _                           |                       | )                               |                                   |
| Military spouse residency election pursuant to Vo   |                             | ansition Act          |                                 |                                   |
| Original return has previously been audited by the  | •                           |                       |                                 |                                   |
| Net operating loss (Include copy of your federal form   | 1045, including Schedule    | s A and B)            |                                 |                                   |
| ☐ Injured/innocent spouse<br>☐ Tax Treaties   |                             |                       |                                 |                                   |
| Other   |                             |                       |                                 |                                   |
| o date.   |                             |                       |                                 |                                   |
|   | Explanation                 | of Changes            |                                 |                                   |
| Describe in detail the reason(s) for amending y   |                             |                       |                                 |                                   |
| include your name and social security number  |                             |                       |                                 |                                   |
| copy of <b>Federal Form 1040X</b> . If there was a c<br><b>Important:</b> When filing an amended North Ca |                             |                       |                                 |                                   |
| amending and fill in the "Amended Return" cir   | cle located at the tor      | oright of the form.   | Attach this schedule, alo       | ng with all supporting            |
| forms and schedules, to the front page of the a   |                             |                       |                                 |                                   |
| changes and required attachments.   |                             |                       |                                 |                                   |
|   |                             |                       |                                 |                                   |
|   |                             |                       |                                 |                                   |
|   |                             |                       |                                 |                                   |
|   |                             |                       |                                 |                                   |
|   |                             |                       |                                 |                                   |
|   |                             |                       |                                 |                                   |
|   |                             |                       |                                 |                                   |
|   |                             |                       |                                 |                                   |
| Mail this form, amended Form D-400, all require   | d schodules support         | ing forms and if a    | nnlicable navment for the s     | mount shown due on                |
|   | n D-400, Line 27 and F      |                       |                                 | imount shown due on               |

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