Do Not Include This Page



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.



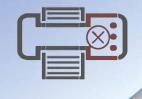
Printing



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

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



Before Sending



Do not submit photocopies of returns. Submit originals only.







D-400 Schedule AM 2018 Amended Schedule

Important: You must complete Form D-400 and fill in the 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 <u>must</u> 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	<u> </u>	<u></u>		
Mailing Address - If this is a change, fill in circle.	<u> </u>	<u></u>	<u> </u>	Apartment Number		
City	State	Zip Code	Country (If not U.S.)	County (Enter first five letters)		
Reason(s) for Amending Your Return (Fill in all applicable circles)						
 Federal audit change (Attach federal audit report) Additional Income (Include W-2, 1099, or K-1) Adjustments to D-400 Schedule S (Attach schedule and any su Adjustments to D-400 Schedule PN (Attach schedule and any su Tax Credits (Attach Form D-400TC) Filing Status (Note: You cannot change from joint to separational sectors) 	supporting docum	entation)	ginal return.)			

- O Change in Social Security Number or ITIN (SSN or ITIN on original return ______)
- O Original return has previously been audited by the Department
- O Net operating loss (Include copy of your federal form 1045, including Schedules A and B)
- O Injured/innocent spouse
- O Tax Treaties
- O Other

Explanation of Changes

Describe in detail the reason(s) for amending your return. 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 this form, amended 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: N.C. DEPARTMENT OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640