

Started

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Use the latest version of Adobe Acrobat Reader to complete the form



Do not handwrite any information



Do not use commas when entering amounts



99999.00

Do not use brackets for negative numbers

Use a minus sign to show the amount is negative



-99999.00

Use the print icon on the form to ensure you have completed all required fields



Before printing, select "actual size"

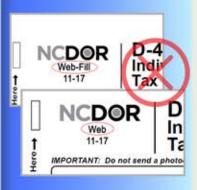


Do not print on both sides of the paper



Mailing

Do not mix form types



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> ent ocial security i		Spouse's Social Security Numb	per
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 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 all applicable circles	s)			
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 support Adjustments to D-400 Schedule PN (Attach schedule and any support Tax Credits (Attach Form D-400TC) Filling Status (Note: You cannot change from joint to separate Change in Social Security Number or ITIN (SSN or ITIN on original return has previously been audited by the Department Net operating loss (Include copy of your federal form 1045, including Injured/innocent spouse) Tax Treaties Other	pporting docum e returns afte ginal return t	nentation) er the due date of th	ne original return.))	
Expl	anation (of Changes		
Describe in detail the reason(s) for amending your return. include your name and social security number on any attach of Federal Form 1040X. If there was a change to wages o will not be processed without a complete explanation or	hments. If to or State with	the changes are a nholding, be sure	also applicable to your to include corrected F	federal return, include a copy

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: