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.



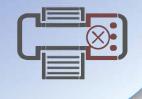
Printing



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 S 2019 Supplemental Schedule

DOR	
DOR Use Only	
Only	

If you complete Schedule S, you MUST attach the schedule to Form D-400. If you do not, the Department may be unable to process your return. Last Name (First 10 Characters) Your Social Security Number Do not send a photocopy of this form. Print in Black or Blue Ink Only. No Pencil or Red Ink. Important: Refer to the Instructions before completing Parts A, B, or C of this form. Part A. Additions to Federal Adjusted Gross Income Enter Whole U.S. Dollars Only 1. Interest income from obligations of states other than North Carolina 1. .00 2. Deferred gains reinvested into an Opportunity Fund under IRC section 1400Z-2 2 .00 3. Bonus depreciation -00 4. IRC section 179 expense -00 5. Other additions to federal adjusted gross income (Attach explanation or schedule) -00 6. Total additions - Add Lines 1 through 5 6 .00 (Enter the total here and on Form D-400, Line 7) \circ 0602 Part B. Deductions from Federal Adjusted **Gross Income** (Only deduct items that are included in federal adjusted gross income) 7. State or local income tax refund00 8. Interest income from obligations of the United States .00 or United States' possessions 9. Taxable portion of Social Security and Railroad Retirement Benefits -00 . . . 10. Retirement benefits received by vested N.C. State government, N.C. local government, or federal government retirees 10.00 (Bailey settlement - Important: See instructions) 11. Bonus depreciation 11a. 2014 11b. 2015 11c. 2016 .00 .00 .00 . <u>. . . .</u> . 11e. 2018 11d. 2017 11f. Total ______00 12. IRC section 179 expense ▶ 12a. 2014 12b. 2015 ▶ 12c. 2016 _ _ _ _ _ _ _ _ .00 .00 -00 ____ ▶ 12d. 2017 ▶ 12e. 2018 12f. Total .00 _____ -00 _____ (Add Lines 12a -12e) 13. Recognized IRC section 1400Z-2 gain 13 .00 14. Other deductions from federal adjusted gross income (Attach explanation or schedule) 14. .00 15. Total deductions - Add Lines 7 through 10, 11f, 12f, 13, and 14 (Enter the total here and on Form D-400, Line 9) 15



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Tax Year **2019**

	You may deduct from federal adjusted gross income either the N.C. standard dedu determine the amount of your N.C. standard deduction by looking at the chart below do not complete Lines 16 through 24. Instead, enter the amount of the N.C. sta Important: If you claim the N.C. standard deduction and you did not compattch this form to Form D-400. If you choose to itemize, complete Lines 16 thro	w. If you claim the I andard deduction objecte Part A or Pa	N.C. standard deo on Form D-400, I rt B on page 1,	duction, ₋ine 11. do not	
	N.C. Standard Deduction				
	(In general, the N.C. standard deduction is equal to the amount listed below bas are not eligible for a standard deduction on the federal income tax return, your f For more information on eligibility, see the instructions.)	-			
	If your filing status is:	Your N.C. stan	dard deductio	n is:	
	 Single Head of household Married filing jointly Qualifying widow(er)/Surviving Spouse Married filing separately: 	\$ \$ \$ \$	10,000 15,000 20,000 20,000		
	If your spouse <u>does not</u> claim itemized deductions If your spouse claims itemized deductions	\$ \$	10,000 0		
	If you are not eligible for a standard deduction on your federal tax	x return \$	0		
6.	Home mortgage interest (See instructions)	ŀ	► 16.		
17.	Real estate property taxes		▶ 17.	, . .	
8.	Home mortgage interest and real estate property taxes before limitation (Add Lines 16 and 17)		18.		
9.	Home mortgage interest and real estate property taxes limitation		19.	2.0	0,0,0,0
20.	Home mortgage interest and real estate property taxes after limitation (Compare Line 18 to Line 19; enter whichever is less.)		▶ 20.	,	
21.	Charitable contributions (See instructions)		▶ 21.		.00
22.	a. Medical and dental expenses before limitation (<i>See instructions</i>) > 22a.	· · · · · · · · · · · · · · · · · · ·			
	 b. Enter the amount from Form D-400, Line 6. If the amount is negative, fill in the circle. 	. ,			
	c. Multiply Line 22b by 10% (0.10). If zero or less, enter a zero. 22c.	. .			
	d. Medical and dental expenses after limitation (Subtract Line 22c from Line 22a. If Line 22c is more than Line 22a, enter a zero.)		► 22d.		.00
23.	Repayment of claim of right income		▶ 23.	, . .	
24.	Total N.C. itemized deductions (Add Lines 20, 21, 22d, and 23. Enter the total here and on Form D-400, Line 11.)		24.		