



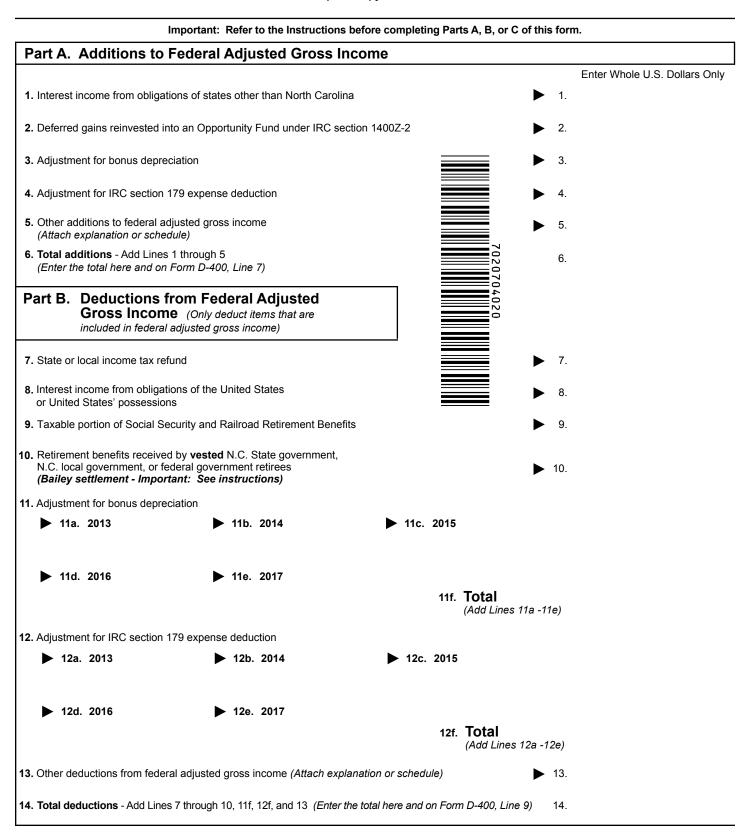
D-400 Schedule S 2018 Supplemental Schedule

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.

Your Social Security Number

Last Name (First 10 Characters)

Do not send a photocopy of this form.





Tax Year **2018**

| | N.C. Standard Deduction | | | | |
|-----|---|-------------|---------------------------|------|--|
| | (In general, the N.C. standard deduction is equal to the amount listed below based on your filing status. However, are not eligible for a standard deduction on the federal income tax return, your N.C. standard deduction amount is For more information on eligibility, see the instructions.) | | | | |
| | If your filing status is: You | r N.C. stan | C. standard deduction is: | | |
| | Single | \$ | 8,7 | 50 | |
| | Head of household | \$ | 14,0 | | |
| | Married filing jointly | \$ | 17,5 | | |
| | Qualifying widow(er)/Surviving Spouse | \$ | 17,5 | | |
| | Married filing separately: If your spouse <u>does not</u> claim itemized deductions | \$ | 8,7 | 750 | |
| | If your spouse claims itemized deductions | Ψ \$ | 0,7 | 0 | |
| | If you are not eligible for a standard deduction on your federal tax ret | urn \$ | | 0 | |
| 15. | Home mortgage interest (See instructions) | | ► | 15. | |
| | | | | | |
| 6. | Real estate property taxes | | | 16. | |
| 17. | Home mortgage interest and real estate property taxes before limitation (Add Lines 15 and 16) | | | 17. | |
| 8. | Home mortgage interest and real estate property taxes limitation | | | 18. | |
| 19. | Home mortgage interest and real estate property taxes after limitation (Compare Line 17 to Line 18; enter whichever is less.) | | ► | 19. | |
| 20. | Charitable contributions (See instructions) | | ► | 20. | |
| 21. | a. Medical and dental expenses before limitation (See instructions) > 21a. | | | | |
| | b. Enter the amount from Form D-400, Line 6. 2 1b. | | | | |
| | c. Multiply Line 21b by 7.5% (0.075). If zero or less, enter a zero. 21c. | | | | |
| | Medical and dental expenses after limitation (Subtract Line 21c from Line 21a. If Line 21c is more than Line 21a, enter a zero.) | | ► | 21d. | |
| 22 | Repayment of claim of right income | | | 22. | |