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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"

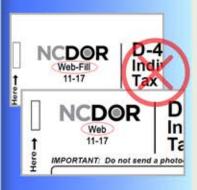


Do not print on both sides of the paper



Mailing

Do not mix form types



Do not submit photocopies of returns

Submit originals only





D-400 2018 Individual Income Tax Return

	ED	RETURN
Fill in circle	(See	instructions)

IMPORTANT: Do not send a photocopy of this form.

ב	For calendar year 2018 , or fiscal year beginning (MM-DD) — 18 and ending (MM-DD-YY)					
ot Your Keturn	Your Social Security Number	← (You <u>must</u> enter your social security number(s)) .	Social Security Number	
	Your First Name (USE CAPIT)	AL LETTERS FOR YOUR NAME AND ADDR	ESS) M.I. Your	Last Name		
All Pages	If a Joint Return, Spouse's Fi	rst Name	M.I. Spou	se's Last Name		
staple A	Mailing Address					Apartment Number
Š	City		State	Zip Code	Country (If not U.S.)	County (Enter first five letters)
0	all of your overpayment To designate your overpa	ment Fund: You may contribut to the Fund. To make a contribution to the Fund, enter the amount to the Fund, enter the amount to the Fund, your spouse were	ition, enclose Form NC ount of your designation	-EDU and your pa on Page 2, Line 3	ayment of \$	
Da				<u> </u>	leceased taxpayer or dece	pased spouse
0		rmation d and signed by Executor, opointed Personal Representati	Taxpayer	date of death of c	Spouse (MM-DD-YY)	easeu spouse.
Re	esidency Status	Were you a resident of N.C. f Was your spouse a resident	•	~ ~		nplete and attach 00 Schedule PN.
	Filing Status (Fill in one circle only)	I Veteran Intormation	re you a veteran? s your spouse a vetera	9	No (See Instructions	;)
Staple W-2s Here →	6. Federal Adjusted G 7. Additions to Federa (From Form D-400 S 8. Add Lines 6 and 7 9. Deductions from Fe (From Form D-400 S 10. Child Deduction (Children for whom you Line 10b, enter the a 11. N.C. Standard I (Fill in one circle one 12. Add Lines 9, 10b, ar 13. Part-year Residents (From Form D-400 S 14. North Carolina Tax Full-year residents Part-year residents the decimal amount 15. North Carolina Incompared to the second in the	Separately → (Enter your spouse's full name and Social Security Number) Now(er) (Year spouse died: ross Income Al Adjusted Gross Income Inchedule S, Part A, Line 6) Adjusted Gross Income Inchedule S, Part B, Line 14) An Line 10a, enter the number of the child deduction. So Income Inchedule S, Part B, Line 14) Deduction OR N.C. Item Ny. See Form D-400 Schedule Sond 11. Subtract the total from Lines and Nonresidents Taxable Pochedule PN, Line 24. Enter an able Income enter the amount from Line 12. The sand nonresidents multiply amon Line 13.	f dependent ax credit. On See instructions.) ized Deductions S, Part C.) ne 8. Percentage nount as decimal.)	En	nter Whole U.S. Dollars On	7020104020

Page 2 D-400 Web-Fill 9-18

16. Tax Credits (From Form D-400TC, Part 3, Line 19) 16. 17. Subtract Line 16 from Line 15 17. If you certify that no Consumer 18. Consumer Use Tax (See instructions) 18. Use Tax is due, fill in circle. 19. 19. Add Lines 17 and 18 Your tax withheld Spouse's tax withheld 20. North Carolina **Income Tax Withheld** If you claim a 21. Other Tax Payments 2018 estimated tax Paid with extension partnership payment on Line 21c or S corporation payment on Line 21d, you must attach a copy of the S Corporation Partnership NC K-1. 22. Amended Returns Only - Previous payments (See "Amended Returns" in instructions) 22. 23. Total Payments - Add Lines 20a through 22 23. 24. **24.** Amended Returns Only - Previous refunds (See "Amended Returns" in instructions) 25. 25. Subtract Line 24 from Line 23. (If less than zero, see instructions.) 26. a. Tax Due - If Line 19 is more than Line 25, subtract Line 25 from Line 19. Otherwise, go to Line 28. 26a. b. Penalties c. Interest (Add Lines 26b) and 26c and enter the total 26d. on Line 26d.) e. Interest on the Underpayment of Estimated Income Tax (See instructions and enter letter in box, if applicable.) Exception to 26e. Underpayment **27. Total Due** - Add Lines 26a, 26d, and 26e of Estimated Pay in U.S. Currency from a Domestic Bank - You can pay Tax online at www.ncdor.gov. 28. Overpayment - If Line 19 is less than Line 25, 28. subtract Line 19 from Line 25. When filing an amended return, see instructions. 29. 29. Amount of Line 28 to be applied to 2019 Estimated Income Tax 30. Contribution to the N.C. Nongame and Endangered Wildlife Fund 30. 31. Contribution to the N.C. Education Endowment Fund 31. 32. Contribution to the N.C. Breast and Cervical Cancer Control Program 32. 33. Add Lines 29 through 32 33. 34. Subtract Line 33 from Line 28. This is the Amount To Be Refunded 34 For direct deposit, file electronically I certify that, to the best of my knowledge, this return is accurate and complete. Your Signature Date Spouse's Signature (If filing joint return, both must sign.) Contact Phone Number Check here if you authorize the North Carolina Department of Revenue to (Include area code) discuss this return and attachments with the paid preparer below. If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge. PAID PREPARER USE ONLY Preparer's FEIN, SSN, or PTIN Preparer's Contact Phone Number (Include area code) Paid Preparer's Signature Date If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640