



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.







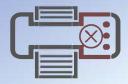
Printing



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



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



Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.





D-400 2018 Individual Tax Return

 AMENDED RETURN

ere I	INPORTANT: Do not send a photocopy of this form. Print in Black or Blue Ink Only. No Pencil or Red Ink.					ircle (See instructions)	
Keturn Here	For calendar year 2018 , or fiscal year beginning (MM-DD) =						
Your Ret	Your Social Security Number You must enter your social security number(s) Spouse's Social Security Number						
₽	Your First Name (USE CAPITA	AL LETTERS FOR YOUR NAME AND ADDRESS) M.I. Yo	our Last Name			
All Pages	If a Joint Return, Spouse's Fi	irst Name	M.I. Sp	pouse's Last Name			
Staple Al	Mailing Address					Apartment Number	
20	City		State	Zip Code	Country (If not U.S.)	County (Enter first five letters)	
	all of your overpayment	rment Fund: You may contribute to the Fund. To make a contribution ayment to the Fund, enter the amoun	n, enclose Form N	IC-EDU and your pay	ment of \$		
0		ried filing jointly, your spouse were o		-	•	omation about the Fund.)	
Dec	eased Taxpayer Info	rmation	Ent	ter date of death of de	ceased taxpayer or dec	eased spouse.	
		d and signed by Executor, opointed Personal Representative.	Taxpayer (MM-DD-YY)		Spouse (MM-DD-YY)		
Residency Status Were you a resident of N.C. for Was your spouse a resident f			,	Yes Yes	1, 110, 00,	mplete and attach 100 Schedule PN.	
	Filing Status (Fill in one circle only)	I Veteran Intormation	you a veteran? our spouse a vete	Yes O	(See Instructions	5)	
Staple W-2s Here →	 Head of House Qualifying Wid Federal Adjusted G Additions to Federa (From Form D-400 S Add Lines 6 and 7 Deductions from Form D-400 S Child Deduction (Ochildren for whom you Line 10b, enter the a N.C. Standard (Fill in one circle one Add Lines 9, 10b, ar Part-year Residents (From Form D-400 S North Carolina Tax Full-year residents the decimal amount 	(Enter your spouse's full name and Social Security Number) Individual Security Number) (Individual Security Number) (Indivi	credit. On instructions.) d Deductions eart C.) 8. centage nt as decimal.)	 ▶ 6 ○ ▶ 7. 8 ○ ▶ 9. 10a. ▶ 11. 12. ○ ▶ 13. ▶ 14. ○ 	10b.	.00 .00 .00 .00 .00 .00 .00 .00	
	15. North Carolina Inco Multiply Line 14 by 5	ome Tax 5.499% (0.05499). If zero or less, e	enter a zero.	▶ 15.	, , , ,	.00	