2000 Estates and Trusts Income Tax Return North Carolina Department of Revenue

Final Return City State Estate Information: Date of Decedert's Death Was final disturbution of assets made during the tax year? Final Return Trust Information: Date of Decedert's Death Was final disturbution of assets made during the tax year? Final Return Trust Information: Date Trust Created Name and Address of Grantor If no return filed last year, reason why Final Return Trust Information: Date Trust Created Name and Address of Grantor If no return filed last year, reason why Final Return Trust Information: Date Trust Created Name and Address of Grantor If no return filed last year, reason why Final Return Entity has Nonresidents Final Return Entity has Nonresidents Same Zp Code Trust Created Name and Address of Grantor If no return filed last year, reason why Final Return Entity has Nonresidents Final Return In Entity has Nonresidents Final Return Final Return Entity has Nonresidents Final Return Final R	For calendar year 2000, or other tax year beginning (MM-DD)	- 0 0 and	d ending (MM-DD-YY)			
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Estate information: Date of Decedent's Death Was final distribution of assets made during the tax year? If no return filed last year, reason why If amount on Lines 1, 3, 5, 6, or 7 is negative, fill in circle. Example: If amount on Lines 1, 3, 5, 6, or 7 is negative, fill in circle. Example: If amount on Lines 1, 3, 5, 6, or 7 is negative, fill in circle. Example: If amount on Lines 1, 3, 5, 6, or 7 is negative, fill in circle. Example: If amount on Lines 1, 3, 5, 6, or 7 is negative, fill in circle. Example: If a mount on Lines 1, 3, 5, 6, or 7 is negative, fill in circle. Example: If a mount on Lines 1, 3, 5, 6, or 7 is negative, fill in circle. Example: If a mount on Lines 1, 3, 5, 6, or 7 is negative, fill in circle. Example: If a mount on Lines 1, 3, 5, 6, or 7 is negative, fill in circle. Example: If a mount on Lines 1, 3, 5, 6, or 7 is negative, fill in circle. Example: If no return filed last year, reason why If a mount on Lines 1, 3, 5, 6, or 7 is negative, fill in circle. Example: If no return filed last year, reason why If no return fil				Amended Return		
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D-407 Web	Legai Name (First 10 Characters)				Federal Emplo	oyer ID Number
12-00 C	North Caro	lina Fiduciary Adjustm	ante (Saa instruc	tions)			
		axable Income	ents (See msnuc	uons.)			
		bligations of states other	er than North Car	olina		1.	.00
	State, local, or foreign income taxes deducted on the federal return				2.	. 00	
3. Lump-sum	distributions	s from a qualified pensi	on, profit sharing	, or stock	bonus plan	3.	.00
4. Other addi	itions to fede	eral taxable income (See	instructions)			4.	. 00
		ral taxable income (Add on Line 5 between the ber			n Schedule B, Line	5. 3 <i>below</i>	-00
Deduction	s from Fede	ral Taxable Income					
6. Interest inco	ome from obli	gations of the United States	s, United States' po	ssessions,	or the State of Nor	th Carolina 6.	- 00
7. Taxable po	ortion of Soc	ial Security and Railroad	d Retirement ben	efits		7.	.00
•		overnment retirement ben See instructions)	efits exclusion	8.	.0	0	
9. Private ret	irement bene	efits exclusion (Not to ex	(ceed \$2,000)	9.	.0	00	
0. Add Lines	8 and 9			10.	.0	0	
11. Enter the	amount from	Line 10 or \$4,000, whi	chever is less			11.	_00
12. State, loca	al, or foreign	income tax refunds rep	orted as income	on federa	I return	12.	.00
3. Other ded	uctions from	federal taxable income	(See instructions	;)		13.	- 00
Apportion th	ne deductions	ederal taxable income (a on Line 14 between the be	neficiaries and the i	1, 12, and iduciary on	13) Schedule B, Line 4	14. below	.00
		of Adjustments (See in	nstructions.)				
Attach other if needed.	r pages	Fiduciary	Beneficia	ary 1	Benefici	ary 2	Beneficiary 3
1. Identifying	g Number						
2. Name							
3. Addition	ns						
4. Deducti	ions						
•	•	must provide each benefic ppropriate North Carolina Ir	•	Form D-40	7 or other information	on necessary for	the beneficiary to
If the	amount on	Page 1, Line 7	Tax Rate	Schedul	e		
ii dic	<u>is more</u>	than	But no		The t		
	\$0 \$12,7	50	\$12, ⁻ \$60,0			the amount on L + 7% of amount	
	\$60,00				·		amount over \$60,000
I certify that, to	the best of my	knowledge, this return is accur	rate and complete.	If prepared information	by a person other that of which the preparer	n fiduciary, this cer has any knowledge	tification is based on all
Signature of Fid	luciary Represei	nting Estate or Trust	Date	Signature o	f Preparer Other Than	Fiduciary	Date
Telephone Numb	ber			Address			

MAIL TO: North Carolina Department of Revenue, P.O. Box 25000, Raleigh, North Carolina 27640-0645

