2009 Estates and Trusts Income Tax Return North Carolina Department of Revenue

For calendar year	Fill in all applicable circles:				
Name of Estate or Tru	Initial ReturnAmended Return				
Name of Fiduciary (Final Return Entity has Nonresident Beneficiaries				
Address	Number	If estate return, was final distribution of			
City	State Z	Zip Code		County (Enter first five letters,	assets made during
					O Yes O No
	If amount on Line 1, 3, 5, 6, or 7 is negative, fi	fill in circle. Example	e:	Enter Whole U.S	S. Dollars Only
	1. Federal taxable income (From Federal Form 10	00			
	2. Additions to taxable income (From Schedule E Column, Line 3)	3, Fiduciary ▶	2 .		
	3. Add Lines 1 and 2		3.)	00
	4. Deductions from taxable income (From Schedule Column, Line 4)	B, Fiduciary	4 .		
7120	5. Line 3 minus Line 4		5.)	
106011	6. Did the entity receive for the benefit of a nonreside intangible income from any source or business sources outside of North Carolina? If so, enter Line 5 attributable to this income; otherwise, enter	income from the portion of	6. 0)	
	7. North Carolina taxable income (Line 5 minus L	ine 6)	7.		
	8. Tax (Use the Tax Rate Schedule on Page 2 to calc	culate the tax)	8.	, ,	00
	9. Tax credits (From Form D-407TC)	•	9.	, , , , , , , , , , , , , , , , , , , ,	
	10. Tax paid with extension	•	10.		
11. Other prepa	ayments of tax	•	1 1.	- 	
	12. Tax paid by partnerships or S Corporations and North Carolina tax reported on Form 1099R (See instructions)				00
· ·	edits and payments (Add Lines 9 through 12)		13.	, ,	00
14. Tax Due - If	f Line 8 is more than Line 13, subtract and enter	•	1 4.	, , , , ,	00
15. Penalties ar	nd interest (See instructions)		15.	, , ,	
16. Add Lines 1	16. Add Lines 14 and 15 and enter the total - Pay this Amount			\$	00
17. If Line 8 is le	17. If Line 8 is less than Line 13, subtract and enter the Amount to				
I certify that, to the	e best of my knowledge, this return is accurate and complete.	If prepared by a persor	n other tha	in fiduciary, this certification has any knowledge.	,
2:					
Signature of Fiduo	ciary Representing Estate or Trust Date	Signature of Preparer	Other Thar	n Fiduciary	Date
>	ephone Number (Include area code.)	Address =		e Number (Include area co	

D-407 Web 9-09	Legal Name	(First 10 Characters)				Federal Emp	loyer ID Number				
Estate Information: Date of Decedent's Death If no return filed last year, reason why				Trust Information: Date Trust Created Name and Address of Grantor							
Teason wily					If no return filed last year, reason why						
Schedule A	A. North Ca	rolina Fiduciary Adjustmo	ents (See instru	ctions.)							
Addition	s to Federal	Taxable Income									
1. Interest	income from	obligations of states other		1.							
2. State, local, or foreign income taxes deducted on the federal return							_00				
3. Adjustm	nent for bonu	s depreciation				3.	_00				
4. Other a	dditions to fe	4.	_00								
	5. Total additions to federal taxable income (Add lines 1 through 4) Apportion the additions on Line 5 between the beneficiaries and the fiduciary on Schedule B, Line 3 below 5.										
Deducti	ons from Fe	deral Taxable Income									
6. Interest	income from	6.									
7. Taxable	portion of So	7.	_00								
		al government retirement b 00 - See instructions)	enefits exclusion	О. [. 00					
9. Private	retirement be	enefits exclusion (Not to exc	ceed \$2,000)	9. [_					
10. Add Lin	es 8 and 9			10.		」 . 00					
11. Enter th	e amount fro	m Line 10 or \$4,000, which	ever is less			11.					
12. State, lo	ocal, or foreig	n income tax refunds repor	ted as income or	n federal re	eturn	12.					
13. Adjustm	nent for additi	onal first-year depreciation	added back in 2	002, 2003,	, and 2004	13.	_00				
14. Adjustm	nent for bonus	14.	_00								
15. Other de	eductions fro	m federal taxable income (See instructions)			15.	_00				
16. Total de Apportio	ductions fron n the deductio	ne <i>4 below</i> 16.									
Schedule E	3. Allocation	n of Adjustments (See inst	ructions.) If more	than three be		nportant separate schedul	e for additional beneficiaries.				
Attach othe if needed.	r pages	Fiduciary	Beneficia	ary 1	Benefic	iary 2	Beneficiary 3				
	ng Number										
2. Name											
3. Addition	s										
4. Deduction	ons										
Important: The fiduciary must provide each beneficiary an NC K-1 for Form D-407 or other information necessary for the beneficiary to prepare the appropriate North Carolina Income Tax Return.											
If ti	he amount o <u>is mo</u>	n Page 1, Line 7 re than	Tax Rate S			tax is					
\$0 \$12,750 \$60,000			\$12,7 \$60,0 		\$765	6% of the amount on Line 7 \$765 + 7% of amount over \$12,750 \$4,072.50 + 7.75% of amount over \$60,000					