2003 Estates and Trusts Income Tax Return North Carolina Department of Revenue

Print in Black or Blue Ink Only.

For calendar yea	ar 2003, or other tax year beginning (MM-DD)	== 0.3 and e	ending (MM-DD-YY)			
Name of Estate or Trust (Legal Name) (USE CAPITAL LETTERS FOR NAME AND ADDRESS)						
Name of Fiduciary (Cin	<i>circles:</i> O Initial Return					
Address	letters) Amended Return					
<u> </u>				Final Return		
City		State Zip Code	_	 Entity has Nonresident 		
Estate Inform	ation:	Trust Information:		Beneficiaries		
Date of Deceder		Date Trust Created				
Was final distrib made during the		Name and Address of Grantor				
If no return filed last year, reason why		If no return filed last year, reason why				
L						
	If amount on Line 1, 3, 5, 6, or 7 is ne	gative, fill in circle. Example		Vhole U.S. Dollars Only		
	1. Federal taxable income (From Federal Form	n 1041, Line 22) 🛛 🕨	1. O			
	2. Additions to taxable income (From Schedule Column, Line 3)	e B, Fiduciary	2.			
	3. Add Lines 1 and 2	:	3.			
71201	4. Deductions from taxable income (From Scher Column, Line 4)	edule B, Fiduciary 🕨 🕨	4.			
060	5. Line 3 minus Line 4		5. 0			
05	6. Did the entity receive for the benefit of a nonrintangible income from any source or busi sources outside of North Carolina? If so, e Line 5 attributable to this income; otherwise.	iness income from enter the portion of	6. 0	 _ _00		
	 7. North Carolina taxable income (Line 5 minute) 	•	7. 0			
	8. Tax due (Use the Tax Rate Schedule on Pa calculate the tax due)	age 2 to	8. 			
	9. Tax credits (From Form D-407TC)	▶ 9	9.			
10. Tax paid with extension			0.			
11. Other prepa	ayments of tax	▶ 11	1.			
12. Tax paid by	partnerships or S Corporations (See instruction	ns) 🕨 12	2.			
13. Total tax cre	edits and payments (Add Lines 9 through 12)	10	3.			
14. If Line 8 is r	more than Line 13, subtract and enter the result	▶ 14	4.			
15. Penalties ar	nd interest (See instructions)	15	5.			
16. Add Lines 1	4 and 15 and enter the total - Pay this Amount	16	6. \$			
17. If Line 8 is less than Line 13, subtract and enter the Amount to be Refunded			7.			

Page 2 Legal Name (First 10 Characters)				Federal Employer ID Number				
Web								
11-03 Schedule A. North Car	rolina Fiduciary Adjustmen	ts (See instruction	ons)					
Additions to Federa			5.110.17					
1. Interest income from	m obligations of states othe	olina		1.	.00			
2. State, local, or forei	gn income taxes deducted o	on the federal ret	urn		2.	.00		
3. Adjustment for add	itional first-year depreciatior	ı			3.	.00		
4. Other additions to f	ederal taxable income (See			4.	.00			
5. Total additions to fe Apportion the addi Schedule B, Line 3	ciary on	5.	•00					
6. Interest income from or the State of North	ederal Taxable Income n obligations of the United S Carolina Social Security and Railroad		·	ssions,	6.	.00		
8. Federal, state, or loc (Not to exceed \$4,00	al government retirement bene 0 - See instructions)	efits exclusion	8.	.00		00		
9. Private retirement b	enefits exclusion (Not to ex	ceed \$2,000)	9.	.00				
10. Add Lines 8 and 9			10.	.00				
11. Enter the amount from Line 10 or \$4,000, whichever is less						00		
12. State, local, or foreign income tax refunds reported as income on federal return					12.	00		
	om federal taxable income				13.	.00		
 14. Total deductions from federal taxable income (Add Lines 6, 7, 11, 12, and 13) Apportion the deductions on Line 14 between the beneficiaries and the fiduciary on Schedule B, Line 4 below 						.00		
	on of Adjustments (See in	structions.)						
Attach other pages if needed.	Fiduciary	Beneficia	nry 1	Beneficiary 2	В	eneficiary 3		
1. Identifying Number								
2. Name								
3. Additions								
4. Deductions								
	ary must provide each beneficia le appropriate North Carolina In		Form D-407	or other information neces	sary for the	peneficiary to		
	If the amount on Page 1, L is more than		act over	The tax is				
Tax Rate	\$0	\$1	not over 12,750	6% of the amour				
Schedule	\$12,750 \$60,000 \$120.000		\$0,000 20,000	\$765 + 7% of an \$4,072.50 + 7.75 \$8,722.50 + 8.25	5% of amount	over \$60,000		
I certify that, to the best of	my knowledge, this return is accura	ate and complete.	If prepared	by a person other than fiducia	ry, this certifica			
			Information	of which the preparer has any	knowledge.			
Signature of Fiduciary Repr	esenting Estate or Trust	Date	Signature o	f Preparer Other Than Fiduciar	у	Date		
			Address					
-	-							
Daytime Telephone N	umber (Include area code.)		Prepar	er's Daytime Telephone Numbe	er (Include area	a code.)		
MAIL TO: NC Department of Revenue, P.O. Box 25000, Raleigh, NC 27640-0645								

