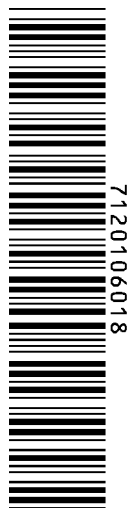


| | |
|---|--|
| For calendar year 2016 , or fiscal year beginning (MM-DD) _____ - _____ - 16 and ending (MM-DD-YY) _____ - _____ - _____ | Fill in all applicable circles: <input type="radio"/> Initial Return <input type="radio"/> Amended Return <input type="radio"/> Final Return <input type="radio"/> Entity has Nonresident Beneficiaries <input type="radio"/> Qualified Funeral Trust |
| Name of Estate or Trust (Legal Name) (USE CAPITAL LETTERS FOR NAME AND ADDRESS) _____ _____ | If estate return, was final distribution of assets made during the tax year? <input type="radio"/> Yes <input type="radio"/> No |
| Name of Fiduciary (Circle one): <input type="radio"/> Administrator <input type="radio"/> Executor <input type="radio"/> Other Federal Employer ID Number _____ | |
| Address _____ _____ | Apartment Number _____ |
| City _____ | State _____ |
| Zip Code _____ | County (Enter first five letters) _____ |

N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ _____. To designate your overpayment to the Fund, enter the amount of your designation on Line 19 below. See instructions for information about the Fund.

| | | | | | |
|---|--|------|-----------------------------|-----------------------------|-----|
| 1. Federal taxable income (From Federal Form 1041) | If amount on Line 1, 3, 5, 6, or 7 is negative fill in circle. Example: <input checked="" type="radio"/> | ▶ | 1. | <input type="radio"/> _____ | .00 |
| 2. Additions to income (From Schedule B, Fiduciary Column, Line 4) | | ▶ | 2. | <input type="radio"/> _____ | .00 |
| 3. Add Lines 1 and 2 | ▶ | 3. | <input type="radio"/> _____ | .00 | |
| 4. Deductions from income (From Schedule B, Fiduciary Column, Line 5) | ▶ | 4. | <input type="radio"/> _____ | .00 | |
| 5. Line 3 minus Line 4 | ▶ | 5. | <input type="radio"/> _____ | .00 | |
| 6. Income not taxable to North Carolina (See instructions) | ▶ | 6. | <input type="radio"/> _____ | .00 | |
| 7. North Carolina taxable income (Line 5 minus Line 6) | ▶ | 7. | <input type="radio"/> _____ | .00 | |
| 8. Tax - To calculate the tax, multiply North Carolina taxable income on Line 7 by 5.75% (0.0575) | ▶ | 8. | <input type="radio"/> _____ | .00 | |
| 9. Tax credits (From Form D-407TC, Line 13) | ▶ | 9. | <input type="radio"/> _____ | .00 | |
| 10. Tax paid with extension | ▶ | 10. | <input type="radio"/> _____ | .00 | |
| 11. Other prepayments of tax | ▶ | 11. | <input type="radio"/> _____ | .00 | |
| 12. Tax paid by partnerships or S Corporations and North Carolina tax withheld reported on Form 1099R (See instructions) | ▶ | 12. | <input type="radio"/> _____ | .00 | |
| 13. Total tax credits and payments (Add Lines 9 through 12) | ▶ | 13. | <input type="radio"/> _____ | .00 | |
| 14. Tax Due - If Line 8 is more than Line 13, subtract and enter the result | ▶ | 14. | <input type="radio"/> _____ | .00 | |
| 15. 15a. Penalties 15b. Interest | ▶ | 15a. | <input type="radio"/> _____ | .00 | |
| ▶ ▶ _____ .00 | ▶ | 15b. | <input type="radio"/> _____ | .00 | |
| 16. Add Lines 14 and 15c and enter the total - Pay this Amount | ▶ | 15c. | <input type="radio"/> _____ | .00 | |
| 17. If Line 8 is less than Line 13, subtract and enter the Overpayment | ▶ | 16. | <input type="radio"/> _____ | .00 | |
| 18. Contribution to the N. C. Nongame and Endangered Wildlife Fund | ▶ | 17. | <input type="radio"/> _____ | .00 | |
| 19. Contribution of overpayment to the N. C. Education Endowment Fund | ▶ | 18. | <input type="radio"/> _____ | .00 | |
| 20. Add Lines 18 and 19 | ▶ | 19. | <input type="radio"/> _____ | .00 | |
| 21. Subtract Line 20 from Line 17 and enter the Amount to be Refunded | ▶ | 20. | <input type="radio"/> _____ | .00 | |
| | ▶ | 21. | <input type="radio"/> _____ | .00 | |



(Add Lines 15a and 15b and enter the total on Line 15c)

| | |
|---|---|
| <p>Estate Information:</p> <p>Date of Decedent's Death _____</p> <p>If no return filed last year, reason why _____</p> | <p>Trust Information:</p> <p>Date Trust Created _____</p> <p>Name and Address of Grantor _____</p> <p>If no return filed last year, reason why _____</p> |
|---|---|

Schedule A. North Carolina Fiduciary Adjustments (See instructions)

| | | | | |
|-------------------------------|--|------|----------------------|-----|
| Additions to Income | 1. Interest income from obligations of states other than North Carolina | 1. | <input type="text"/> | .00 |
| | 2. State, local, or foreign income taxes deducted on the federal return | 2. | <input type="text"/> | .00 |
| | 3. Adjustment for bonus depreciation (See instructions) | 3. | <input type="text"/> | .00 |
| | 4. Other additions to income (See instructions) | 4. | <input type="text"/> | .00 |
| | 5. Total additions to income (Add lines 1, 2, 3, and 4) <i>Apportion the additions on Line 5 between the beneficiaries and the fiduciary on Schedule B, Line 4 below</i> | 5. | <input type="text"/> | .00 |
| Deductions from Income | 6. Interest income from obligations of the United States or United States' possessions | 6. | <input type="text"/> | .00 |
| | 7. Taxable portion of Social Security and Railroad Retirement benefits | 7. | <input type="text"/> | .00 |
| | 8. Retirement benefits received from vested N. C. State government, N. C. local government, or federal government retirees (Bailey Settlement – Important: See Instructions) | 8. | <input type="text"/> | .00 |
| | 9. State, local, or foreign income tax refunds reported as income on federal return | 9. | <input type="text"/> | .00 |
| | 10. Adjustment for bonus depreciation added back in 2011, 2012, 2013, 2014, and 2015 | | | |
| | 10a. 2011 10b. 2012 10c. 2013 10d. 2014 10e. 2015 | | | |
| | <input type="text"/> .00 <input type="text"/> .00 <input type="text"/> .00 <input type="text"/> .00 <input type="text"/> .00 | | | |
| | <i>(Add Lines 10a, 10b, 10c, 10d, and 10e, and enter total on Line 10f)</i> | 10f. | <input type="text"/> | .00 |
| | 11. Other deductions from income (See instructions) | 11. | <input type="text"/> | .00 |
| | 12. Total deductions from income (Add Lines 6, 7, 8, 9, 10f, and 11) <i>Apportion the deductions on Line 12 between the beneficiaries and the fiduciary on Schedule B, Line 5 below</i> | 12. | <input type="text"/> | .00 |

Schedule B. Apportionment of Income and Adjustments (See instructions) **Important:** If more than three beneficiaries, include separate schedule for additional beneficiaries.

| | | | | |
|--------------------------------------|----------------------|----------------------|----------------------|----------------------|
| <i>Attach other pages if needed.</i> | Fiduciary | Beneficiary 1 | Beneficiary 2 | Beneficiary 3 |
| 1. Identifying Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. Name | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. Net N.C. Source Income | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. Additions | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. Deductions | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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.

I certify that, to the best of my knowledge, this return is accurate and complete. If prepared by a person other than fiduciary, this certification is based on all information of which the preparer has any knowledge.

| | | | |
|---|------------|---|------------|
| Signature of Fiduciary Representing Estate or Trust _____ | Date _____ | Signature of Preparer Other Than Fiduciary _____ | Date _____ |
| | | Address _____ | |
| Daytime Telephone Number (Include area code) _____ | | Preparer's Daytime Telephone Number (Include area code) _____ | |