Instructions For Handwritten Forms

Guidelines
Do not use red ink. Use blue or black ink.

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

Before Sending
Do not submit photocopies of returns. Submit originals only.

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

Do not mix form types.
For calendar year __________ or other tax year beginning (MM-DD-YY) __________ and ending (MM-DD-YY) __________

Your Social Security Number ____________________________________________

Spouse’s Social Security Number _______________________________________

Your First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) M.I. Your Last Name

If a Joint Return, Spouse’s First Name M.I. Spouse’s Last Name

Mailing Address - If this is a change, fill in circle.  ☐

City ____________________________________________ State __________ Zip Code __________ Country (If not U.S.) __________

Mail this form, amended Form D-400, all required schedules, supporting forms, and, if applicable, payment for the amount shown due on Form D-400, Line 27 and Form D-400V Amended to:

N.C. DEPARTMENT OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640