



Instructions For Handwritten Forms

Guidelines



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



Do not use dollar signs, commas, or other punctuation marks.



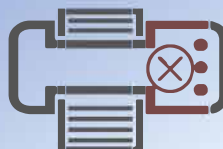
Printing



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



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



Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.



D-407 NC K-1 2018 Beneficiary's Share of North Carolina Income, Adjustments, and Credits

For calendar year **2018**, or fiscal year beginning (MM-DD) _____ - _____ **18** and ending (MM-DD-YY) _____ - _____

Estate's or Trust's Federal Employer ID Number

_____ - _____

Estate's or Trust's Name, Address, and Zip Code

Beneficiary's Identifying Number

_____ - _____

Beneficiary's Name, Address, and Zip Code

| Beneficiary's Pro Rata Share Items | Amount | Individuals Filing Form D-400 Enter Amount on: |
|---|--------|--|
| All Beneficiaries | | |
| 1. Beneficiary's share of income (loss) <i>(Beneficiary's share of amount from Federal Form 1041, Line 18)</i> | [] | <i>(This amount should already be included in federal adjusted gross income)</i> |
| 2. Beneficiary's share of additions to income (loss) <i>(From Form D-407, Schedule B, Line 4)</i> | | |
| a. Addition for bonus depreciation | [] | <i>D-400, Schedule S, Line 3</i> |
| b. Other additions to income (loss) | [] | <i>D-400, Schedule S, Line 5</i> |
| 3. Beneficiary's share of deductions from income (loss) <i>(From Form D-407, Schedule B, Line 5)</i> | | |
| a. Deduction for bonus depreciation | [] | <i>D-400, Schedule S, Line 11f</i> |
| b. Other deductions from income (loss) | [] | <i>D-400, Schedule S, Line 13</i> |
| 4. Share of tax paid to another state or country <i>(From Form D-407TC, Part 5, Section A, Line 4)</i> | [] | Form D-400TC <i>(See Form D-400 instructions)</i> |
| 5. Share of other tax credits | [] | Form D-400TC <i>(See Form D-400 instructions)</i> |

| | | |
|--|-----|---|
| Nonresidents Only | | |
| 6. Portion of Line 1 above that is from N.C. sources <i>(Do not include intangible income from any source or business income from sources outside North Carolina)</i> | [] | <i>D-400, Schedule PN, Line 16, Column B</i> |
| 7. Portion of Line 2a above that is attributable to N.C. source income | [] | <i>D-400, Schedule PN, Line 17c, Column B</i> |
| 8. Portion of Line 2b above that is attributable to N.C. source income | [] | <i>D-400, Schedule PN, Line 17e, Column B</i> |
| 9. Portion of Line 3a above that is attributable to N.C. source income | [] | <i>D-400, Schedule PN, Line 19e, Column B</i> |
| 10. Portion of Line 3b above that is attributable to N.C. source income | [] | <i>D-400, Schedule PN, Line 19g, Column B</i> |