

D-400 (SD) 11-24-14

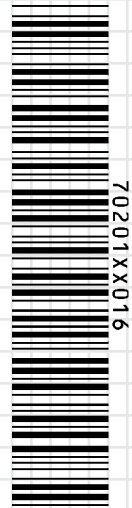
Individual Income Tax Return 2014

North Carolina Department of Revenue

< Staple All Pages of Your Return and W-2s Here

For calendar year 2014, or fiscal year beginning 12 45 14 and ending 12 45 78
ABCDEF GHIJKLMNO A ABCDEF GHIJKLMNOPQRSTU
5121 VALDEZ COURT 11056
RALEIGH NC 27605-0001 WAKE FRNCOUNTRY
Your SSN: 123456789
Spouse's SSN: 123456789
Filing Status 1. Single 2. Married Filing Jointly 3. Married Filing Separately 4. Head of Household 5. Widow(er) with Dependent Child
Were you a resident of N.C. for the entire year of 2014?
Was your spouse a resident for the entire year?
Return for deceased taxpayer
Return for deceased spouse
Year spouse died: 1234
Date of death: 12 45 78
Date of death: 12 45 78
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 \$ 12345678. To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 28. See instructions for information about the Fund.

FS 2 PP Y DT Y OC N TD 12 45 12
ABCD ABCD 12345 DS N EA N SD 12 45 12
ALEXANDERX15MAX K MCALLISTERXXXXX20MAX 123456789
MICHELLEX15MAX Q MCALLISTERXXXXX20MAX 123456789 NC 27605
5121 VALDEZ CTXXXXXXXXXXXXXXXXXXXX35MAX 11056 RALEIGHXXXXXXXXXX20MAX
06 -12345678 18 12345678 23B 12345678
07 12345678 18 N 23C 12345678
09 12345678 20A 12345678 23E 12345678
11 12345678 20B 12345678 EU F
11 Y 21A 12345678 24 12345678
13 13456 21B 12345678 26 12345678
14 -12345678 21C 12345678 27 12345678
15 12345678 21D 12345678 28 12345678
16 12345678 23A 12345678 30 12345678
TN 1234567890 PN 1234567890 PP A12345678



Sign Return Below Refund Due 12345678 Payment Due 12346578
I certify that, to the best of my knowledge, this return is accurate and complete.
Your Signature Date
Spouse's Signature (If filing joint return, both must sign.) Date
Home Telephone Number (Include area code)
If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.
Paid Preparer's Signature Date
Paid Preparer's FEIN, SSN, or PTIN Paid Preparer's Telephone Number

If you ARE NOT due a refund, mail return, any payment, and Form D-400V to: NCDOR, P.O. Box 25000, Raleigh, N.C. 27640-0640
If REFUND mail to: NCDOR, P.O. Box R, Raleigh, N.C. 27634-0001

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Last Name (First 10 Characters) MCALLISTER Your Social Security Number 123456789

D-400 Line-by-Line Information

Table with 3 columns: Line number, Description, and Amount. Rows include Federal adjusted gross income, Additions to federal adjusted gross income, Deductions from federal adjusted gross income, N.C. standard deduction, and N.C. Taxable Income.

North Carolina Income Tax Withheld

Table with 3 columns: Line number, Description, and Amount. Rows include 20a. Your Income Tax Withheld and 20b. Spouse's Income Tax Withheld.

Other Tax Payments

Table with 3 columns: Line number, Description, and Amount. Rows include 21a. 2014 Estimated Tax, 21b. Paid with Extension, 21c. Partnership, 21d. S Corporation, 22. Add Lines 20a through 21d, 23a. Tax Due, 23b. Penalties, 23c. Interest, 23d. Add Lines 23b and 23c, 23e. Interest on the underpayment of estimated income tax, 24. Pay this Amount, and 25. Overpayment.

Amount of Refund to Apply to:

Table with 3 columns: Line number, Description, and Amount. Rows include 26. Amount of Line 25 to be applied to 2015 Estimated Income Tax, 27. N.C. Nongame and Endangered Wildlife Fund, 28. N.C. Education Endowment Fund, 29. Add Lines 26, 27, and 28, and 30. Amount to be Refunded.

This page must be filed with the first page of this form.