

Amended North Carolina Individual Income Tax Return 2012

2	Blu	PINK UNIV NO -	copy of this form. The original form is printed in pink and black ink.	
	F	or calendar year 2012, or fiscal year beginning (MA)	M-DD) - 12 and ending (MM-DD-YY)	
	Your	Social Security Number	Spouse's Social Security Number You must enter your	_
		← (s	social security number(s)	
	\bigcap	Your First Name(USE CAPITAL LETTERS FOR YOUR NAME AND ADDR	RESS) M.I. Your Last Name	
		If a Jaint Datum Canual's First Name	MI Capurale Last Name	
5 -		If a Joint Return, Spouse's First Name	M.I. Spouse's Last Name	
		Mailing Address	Apartment Number	
5				
,		City	State Zip Code Country (If not U.S.) County (Enter first five letters)	
Dec	eas	ed Taxpayer Information	Reason for Amending Your Return (Fill in the circle for all applicable boxes; see instructions)	
		n circle if return is filed and signed by Executor, inistrator or Court-Appointed Personal Representative.	Original return has been previously audited by the Department Federal audit change	
ſ			Filing Status Important	
		If return is for a deceased	Claim of right Treaties You must complete the entire form including the explanation of changes section on Page 4.	
		taxpayer or deceased	Treaties of changes section on Page 4.	
		spouse, enter date of death. Spouse (MM-DD-YY)	Net operating loss (Include copy of your federal form 1045, including Schedules A &	B)
			Tax credits (Attach Form D-400TC) Other	
Pos	side	ency Were you a resident of N.C. for the entire year of	f 20122 O Von O No	
S	tati	oney .	in No, complete Lines i tillough 15. Then go to i age 4 of i offin b-400x	
		Carolina taxable income in 2012, s	le only. If your spouse was a nonresident and had no North see the Line Instructions for Lines 1 through 5. If you do not	
	1. 2.	Single indicate your filing status by filling inMarried Filing Jointly	n one of the circles, any refund due will be delayed. Exemptions claimed on your federal income tax return	
	3.	○ Married Filing Separately (Enter your spouse) full name and Social	's Name	
	4. 5.	Head of Household Qualifying Widow(er) with Dependent Child		
		Federal adjusted gross income	Enter Whole U.S. Dollars Only	
		(Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4; or Form 1040X, Line 1) (If negative, see the Line instructions)	If amount on 6. 6. 00	
_	7.	Additions to federal adjusted gross income (If applicable, complete Lines 33 through 36 on Pagand enter amount from Line 36)	negative, illi in	
	8.	Add Lines 6 and 7	circle. Example: 8.	
1	9.	Deductions from federal adjusted gross income (If applicable, complete Lines 37 through 49 on Pagand enter amount from Line 49)		
He	10.	Subtract Line 9 from Line 8	10.	
N-2s	11.	○ N.C. standard deduction OR ○ N.C. itemi:	zed deductions	
Staple W-2s Here		IMPORTANT: Do not enter the amount from yo (You must fill in appropriate circle. See instructions of	on Pages 7, 8, and 9)	
Sta	12.	Subtract Line 11 from Line 10	ions on Page 9) 11. 12. 100 100 100 100 100 100 100 100 100 10	
	13.	N.C. personal exemption allowance (See instruction	ions on Page 9) 13.	
	14.	Subtract Line 13 from Line 12	14.	

Pa	ge 2	irst 10 Characters)	Your Social Security Number				
D-40	00X	Be sure to	sign and date your return on Page 4.				
	Enter amount from Li		If amount on Line 15 or 17 is negative, fill in circle.	15.	.00		
16.	Part-year residents at Complete Lines 50 thr decimal amount from L	rough 52 on Page 4 and enter	Example:	16.			
17.		ole Income nter the amount from Line 15 In nonresidents multiply amount on Line 1	5 by the decimal amount on Line 16	17.	.00		
18.	beginning on Page 22	ne Tax - If the amount on Line 17 is less of the instructions to determine your tax Rate Schedule on Page 30 to calculate	If the amount on Line 17 is \$68,000	▶ 18.	.00		
19.	·	rm D-400TC, Part 4, Line 37 - You mus	•	▶ 19.	.00		
20.	Subtract Line 19 from	Line 18		20.	.00		
21.	Consumer Use Tax (S	See instructions on Page 10)		▶ 21.	.00		
22.	Add Lines 20 and 21			22.	.00		
23.	North Carolina Incom	ne Tax Withheld					
	(Staple original or copy of wage and tax statement(s) corner of the return)	fthe original State (a. Your tax withhe	ld) ≥ 23a.		00		
	comer or are return)	b. Spouse's tax wi	thheld > 23b.	_,	00		
24.	Other Tax Payments						
	a. 2012 Estimated Ta	ax	▶ 24a.		00		
	b. Paid with Extension	n	▶ 24b.		00		
	c. Partnership	If you claim a partnership payment on or S corporation payment on Line 24d, y	Line 24c.	_,	00		
	d. S Corporation	attach a copy of the NC K-1.	▶ 24d.	_,	00		
25.	North Carolina Earne (From Form D-400TC,		▶ 25.		00		
26.		iginal return (Form D-400, Line 27a) p was filed (Do not include payments of i		26.	-00		
27.	Total payments. Add	Lines 23a through 26.		27.	-00		
28.		refunds received or expected to be re terest you received on any refund.)	ceived for this taxable year	28.	-00		
29.	Subtract Line 28 from	Line 27 and enter the result		29.	-00		
30.	a. Tax Due - If Line 22	2 is more than Line 29, subtract and ent	er the result	▶ 30a.	.00		
	b. Penalties			▶ 30b.	.00		
	c. Interest			▶ 30c.	.00		
		derpayment of estimated income tax ons and enter letter in box, if applicable)	Exception to underpayment of estimated tax	▶ 30d.	.00		
31.		0c, and 30d and enter the total - Pay Th Go to www.dornc.com and click on E		31. \$.00		
32.	If Line 22 is less than 2	29, subtract and enter as Amount to be	Refunded	▶ 32.	.00		

	age 3 400X Last Name (First 10 Characters) Tax Year 2012		Security Number							
	Be sure to sign and date your return on Page 4. Additions to Federal Adjusted Gross Income (See Line Instructions beginni		12)							
	Enter Whole U.S. Dollars Only									
33	3. Interest income from obligations of states other than North Carolina	> 33.	.00							
34	Adjustment for bonus depreciation (See instructions on Page 13)	.00								
35	Other additions to federal adjusted gross income (Attach explanation or schedule)	> 35.	.00							
36	Total additions - Add Lines 33 through 35 (Enter the total here and on Line 7)	36.	.00							
	Deductions from Federal Adjusted Gross Income (See Line Instructions be	eginning on I	Page 13.)							
37	7. State or local income tax refund if included on Line 10 of Federal Form 1040	▶ 37.	.00							
38	3. Interest income from obligations of the United States or United States' possessions	▶ 38.	.00							
	Taxable portion of Social Security and Railroad Retirement Benefits included on your federal return	▶ 39.	.00							
40	N.C. local government, or federal government retirees (Bailey settlement - Important: See Line instructions on Page 13)	> 40.	.00							
41	1. If you have retirement benefits not reported on Lines 39 or 40, complete the <i>Retirement Benefits Worksheet</i> on Page 14 and enter the result here	▶ 41.	.00							
42	 Severance wages (See Line instructions on Page 15 for explanation of qualifying severance wages) 	4 2.	.00							
43	Adjustment for bonus depreciation added back in 2008, 2009, 2010, and 2011 (See Line instructions on Page 15) 43a. 2008 43b. 2009									
	43c. 2010 43d. 2011 ► 00 ← 00 ← 00 ← 00 ← 00 ← 00 ← 00 ← 0	43e.	.00							
44	Adjustment for section 179 expense deduction added back in 2010 and 2011 (See Line instructions on Page 15) 44a. 2010 44b. 2011									
	(Add Lines 44a and 44b and enter on Line 44c.)	44c.	.00							
45	 Contributions to North Carolina's National College Savings Program (NC 529 Plan) (See Line instructions on Page 15 for deduction limitations) 	> 45.	.00							
46	Adjustment for absorbed NOL added back in 2003, 2004, 2005, and 2006 (See instructions on Page 15)	▶ 46.	.00							
47	7. Adjustment for net business income that is not considered passive income (See instructions on Page 15	5) 🕨 47.	.00							
48	Other deductions from federal adjusted gross income (Attach explanation or schedule. Do not include any deduction for retirement benefits on this line.)	> 48.	.00							
49	7. Total deductions - Add Lines 37 through 48 (Enter the total here and on Line 9)	49.	.00							

Page	4
D-400X	

st	Name (First 10 Characters)								

Tax Year **2012**

Your Social	Secu	rity N	umbe	r			
		-			-		

Com	putation	of North	Carolina T	axable	Income for	or Part-Yea	ar Reside	nts and No	onresidents	ĵ
10001	ina Inatriia	tiana baginn	ing on Dogo	15 Nata	Do not so	malata Linaa	En through	EQ if wall ware	a full waar raa	ida

	Computation of North Carolina Taxable Income for Foundation (See Line Instructions beginning on Page 15. Note: Do not complete the Complete Income for Foundation (See Line Income for Foundation In	Part-Year Residents and Nonresidents Sete Lines 50 through 52 if you were a full-year resident.)
	Fill in applicable circles	You Spouse
	Fill in circle(s) if you or your spouse moved into or out of North Carolina durin	
	You	Spouse
	Date residency began Date residency ended (MM-DD-YY) Date residency ended (MM-DD-YY)	Date residency began Date residency ended (MM-DD-YY) (MM-DD-YY)
	Fill in circle(s) if you or your spouse were nonresidents of North Card	olina for the entire year.
	Part-year residents and nonresidents must read the instructions on Page 1s on Lines 50 and 51 below.	5 and complete the worksheet on Page 16 to determine the amounts to enter
	Enter the amount from Column B, Line 33 of the Part-Year Resident/Nonresident Worksheet on Page 16 of the Instructions.	If amount on Line 50 or 51 is negative, fill in circle.
	Enter the amount from Column A, Line 33 of the Part-Year Resident/Nonresident Worksheet on Page 16 of the Instructions.	Example: ▶ 51.
	Divide Line 50 by Line 51 (Enter the result as a decimal amount here to four decimal places.)	and on Line 16; round 52.
_	Explanation of	of Changes
se th	ive the reason for each change. Attach all supporting forms and schedecurity number on any attachments. If the changes are also applicable ere was a change to wages or State withholding, be sure to include corcomplete explanation of changes and required attachments.	dules for the items changed. Be sure to include your name and social ble to your federal return, include a copy of Federal Form 1040X . If
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_		
	I certify that, to the best of my knowledge, this return is accurate and complete.	If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.
ø	Your Signature Date	Paid Preparer's Signature Date
Her		
Sign Here	Spouse's Signature (If filing joint return, both must sign.) Date	Preparer's FEIN, SSN, or PTIN
	Daytime Telephone Number (Include area code.)	Preparer's Telephone Number (Include area code.)
	·	