Last Name (First 10 Characters)

Your Social Security Number

Tax Year **2016**Be sure to sign and date your return below.

16.	Tax Credits (From Form D-400TC, Part 3, Line 20 - You must attach Form D-400TC if you enter an amount on this line.)				<b>&gt;</b> 16.	
17.	Subtract Line 16 from Line 15.			17.		
18.	Consumer Use Tax (See instructions.)	If you certify that n Use Tax is due, fi		<b>▶</b> ○	<b>1</b> 8.	
19.	Add Lines 17 and 18.				19.	
20.	North Carolina a. Your tax withheld hncome Tax Withheld	b. ▶	Spouse's tax	withheld		
21.	Other Tax Payments a. 2016 estimated tax	b.	Paid with exte	ension		If you claim a partnership payment on Line 21c or S corporation payment on Line 21d, you must
	c. Partnership	d.	S Corporation			attach a copy of the NC K-1.
22.	2. Amended Returns Only - Previous payments (See Amended Returns in instructions.)				22.	
23.	3. Total Payments - Add Lines 20a through 22.				23.	
24.	Amended Returns Only - Previous refunds (See Amended Returns in instructions.)				24.	
	Subtract Line 24 from Line 23.				25.	
26.	<b>Tax Due</b> - If Line 19 is more than Line 25, subtract Line 25 from Line 19. (If Line 25 is negative, see instructions.)				➤ 26a.	
	<ul><li>b. Penalties</li><li>c. Interest</li></ul>	(Add Lin and 26 enter th on Line	ic and ne total		26d.	
27	e. Interest on the underpayment of estimated in (See instructions and enter letter in box, if applicated the Add Lines 26a, 26d, and 26e.	come tax able.) Exception underpay	on to ment		➤ 26e.	
	Pay This Amount - You can pay online. See inst	tructions. of estimates	ated ====================================	70	27. \$	
28.	Overpayment - If Line 19 is less than Line 25, subtract Line 19 from Line 25.			202	28.	
29.	When filing an amended return, see instructions.  Amount of Line 28 to be applied to 2017 Estimated Income Tax				<b>2</b> 9.	
30.	. Contribution to the <b>N.C. Nongame and Endangered Wildlife Fund</b>				<b>&gt;</b> 30.	
31.	. Contribution of overpayment to the N.C. Education Endowment Fund				<b>&gt;</b> 31.	
32.	<b>Add</b> Lines 29, 30, and 31.				32.	
33.	Subtract Line 32 from Line 28. This is the Amount For direct deposit, file electronically.	To Be Refunded.			<b>&gt;</b> 33.	
$\Gamma$	I certify that, to the best of my knowledge, this return is a	accurate and complete.			r than taxpayer, parer has any kn	this certification is based on all owledge.
ere	Your Signature	Date	Paid Preparer's	Signature		Date
Sign Here			·			- <del></del>
ြ	Spouse's Signature (If filing joint return, both must sign.)	Date	Preparer's FEIN			
	Home Telephone Number (Include area code.)  Preparer's Telephone Number (Include area code.)					
If REFUND mail N.C. DEPT. OF REVENUE P.O. BOX R RALEIGH, NC 27634-0001 FOR ORIGINAL RETURNS ONLY RALEIGH, NC 27634-0001 FOR ORIGINAL RETURNS ONLY RETURNS ONLY PROPERTY OF REVENUE P.O. BOX 25000 RALEIGH, NC 27640-0640						