

16. Tax Credits (From Form D-400TC, Part 3, Line 20)

16. \_\_\_\_\_ .00

17. Subtract Line 16 from Line 15

17. \_\_\_\_\_ .00

18. Consumer Use Tax (See instructions)

If you certify that no Consumer Use Tax is due, fill in circle.

18. \_\_\_\_\_ .00

19. Add Lines 17 and 18

19. \_\_\_\_\_ .00

20. North Carolina Income Tax Withheld

a. Your tax withheld \_\_\_\_\_ .00

b. Spouse's tax withheld \_\_\_\_\_ .00

21. Other Tax Payments

a. 2022 estimated tax \_\_\_\_\_ .00

b. Paid with extension \_\_\_\_\_ .00

c. Partnership \_\_\_\_\_ .00

d. S Corporation \_\_\_\_\_ .00

If you claim a partnership payment on Line 21c or S corporation payment on Line 21d, you must attach a copy of the NC K-1.

22. Additional Payments (Amended Returns Only. See instructions)

22. \_\_\_\_\_ .00

23. Add Lines 20a through 22

23. \_\_\_\_\_ .00

24. Previous Refunds (Amended Returns Only. See instructions)

24. \_\_\_\_\_ .00

25. Subtract Line 24 from Line 23. (If less than zero, see instructions.)

If amount on Line 25 is negative, fill in circle. Example:

25.  \_\_\_\_\_ .00

26. a. Tax Due - If Line 25 is less than Line 19, subtract Line 25 from Line 19. Otherwise, go to Line 28.

26a. \_\_\_\_\_ .00

b. Penalties

c. Interest

(Add Lines 26b and 26c and enter the total on Line 26d.)

\_\_\_\_\_ .00 \_\_\_\_\_ .00

26d. \_\_\_\_\_ .00

e. Interest on the Underpayment of Estimated Income Tax (See instructions and enter letter in box, if applicable.)

Exception to Underpayment of Estimated Tax

26e. \_\_\_\_\_ .00

27. Amount Due - Add Lines 26a, 26d, and 26e. Pay in U.S. Currency from a Domestic Bank - You can pay online at www.ncdor.gov.

27. \$ \_\_\_\_\_ .00

28. Overpayment - If Line 25 is more than Line 19, subtract Line 19 from Line 25.

28. \_\_\_\_\_ .00

When filing an amended return, see instructions

29. Amount of Line 28 to be applied to 2023 Estimated Income Tax

29. \_\_\_\_\_ .00

30. Contribution to the N.C. Nongame and Endangered Wildlife Fund

30. \_\_\_\_\_ .00

31. Contribution to the N.C. Education Endowment Fund

31. \_\_\_\_\_ .00

32. Contribution to the N.C. Breast and Cervical Cancer Control Program

32. \_\_\_\_\_ .00

33. Add Lines 29 through 32

33. \_\_\_\_\_ .00

34. Subtract Line 33 from Line 28. This is the Amount To Be Refunded For direct deposit, file electronically

34. \_\_\_\_\_ .00

I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature (If filing joint return, both must sign.) \_\_\_\_\_ Date \_\_\_\_\_

Contact Phone Number (Include area code) \_\_\_\_\_

Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.

PAID PREPARER USE ONLY If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge. \_\_\_\_\_ Date \_\_\_\_\_

Preparer's FEIN, SSN, or PTIN \_\_\_\_\_ Preparer's Contact Phone Number (Include area code) \_\_\_\_\_