

For calendar year 2003, or other tax year starting MM DD YY and ending MM DD YY

NC Public Campaign Financing Fund

If you agree, \$3.00 will support a nonpartisan court system.

ALEXANDER K MCALLISTER & MICHELLE Q MCALLISTER
5121 VALDEZ COURT
RALEIGH NC 27605-0001 WAKE FRNCOUNTRY

Your SSN: 176453458
Spouse's SSN: 676253238

You [] Yes [] No
Your Spouse [] Yes [] No

Filing Status
[] 1. Single
[X] 2. Married Filing Jointly
[] 3. Married Filing Separately
[] 4. Head of Household
[] 5. Widow(er) with Dependent Child
Year spouse died: YYYY

Number of Exemptions Claimed: 01
[X] Return for deceased taxpayer
Date of death: MM DD YY
[] Return for deceased spouse
Date of death: MM DD YY

Political Parties Financing Fund
You [] Democratic [X] Democratic
[X] Republican [] Republican
[] Unspecified [] Unspecified

For Computer Use Only

MCAL 5121 27605 FS 2 EX 01 PP Y DT Y DS N
ALEXANDER K MCALLISTER 176453458 PCT N PFT 2
MICHELLE Q MCALLISTER 676253238 PCS N PFS 1
5121 VALDEZ CTXXXXXXXXXXXXXXXXXXXX35MAX RALEIGHXXXXXXXXXX20MAX NC 27605
AGI -00000000 22B 00000000 37 00000000
06 -00000000 PE F 39 00000000
07 00000000 23 00000000 40 00000000
09 00000000 25 00000000 41 00000000
15 00000000 26 00000000 42 00000000
17 00000000 28 00000000 43 00000000
19A 00000000 29 00000000 44 00000000
19B 00000000 30 00000000 46 -00000000
20A 00000000 32 00000000 47 -00000000
20B 00000000 33 00000000 49 -00000000
20C 00000000 34 00000000 TN 9197118888
20D 00000000 35 00000000 PN 9194324567
22A 00000000 36 00000000 PP X12345678



NCDOR Use Only

Sign Return Below [] Refund Due 00000000 [] Payment Due 00000000

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.

Your Signature Date

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

Paid Preparer's Signature Date

Daytime Telephone Number (Include area code) 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

D-400 Line-by-Line Information

| | | |
|---|-----|-----------|
| AGI Federal Adjusted Gross Income | AGI | -00000000 |
| 6. Taxable Income from Federal Return | 6. | -00000000 |
| 7. Additions to Federal Taxable Income | 7. | 00000000 |
| 8. Add Lines 6 and 7 | 8. | -00000000 |
| 9. Deductions from Federal Taxable Income | 9. | 00000000 |
| 10. Line 8 minus Line 9 | 10. | -00000000 |
| 11. Same as Line 10 | 11. | -00000000 |
| 12. Part-year residents and nonresidents | 12. | 0.0000 |
| 13. N.C. Taxable Income | 13. | -00000000 |
| 14. N.C. Income Tax | 14. | 00000000 |
| 15. Tax Credits | 15. | 00000000 |
| 16. Line 14 minus Line 15 | 16. | 00000000 |
| 17. Consumer Use Tax | 17. | 00000000 |
| 18. Add Lines 16 and 17 | 18. | 00000000 |

North Carolina Income Tax Withheld

| | | |
|-----------------------------------|------|----------|
| 19a. Your Income Tax Withheld | 19a. | 00000000 |
| 19b. Spouse's Income Tax Withheld | 19b. | 00000000 |

Other Tax Payments

| | | |
|---|------|----------|
| 20a. 2003 Estimated Tax | 20a. | 00000000 |
| 20b. Paid with Extension | 20b. | 00000000 |
| 20c. Partnership | 20c. | 00000000 |
| 20d. S Corporation | 20d. | 00000000 |
| 21. Add Lines 19a through 20d | 21. | 00000000 |
| 22a. If Line 18 is more than Line 21, subtract and enter the result | 22a. | 00000000 |
| 22b. Penalty for underpayment of estimated income tax | 22b. | 00000000 |
| PE Penalty Exception | PE | F |
| 22c. Other penalties and interest | 22c. | 00000000 |

23. **Pay this Amount** 23. **00000000**

24. If Line 18 is less than Line 21, subtract and enter the result 24. 00000000

Amount of Refund to Apply to:

| | | |
|--|-----|-----------------|
| 25. Amount of Line 24 to be applied to 2004 Estimated Income Tax | 25. | 00000000 |
| 26. N.C. Nongame and Endangered Wildlife Fund | 26. | 00000000 |
| 27. Add Lines 25 and 26 | 27. | 00000000 |
| 28. Amount to be Refunded | 28. | 00000000 |

Additions to Federal Taxable Income

| | | |
|--|-----|-----------------|
| 29. Itemized deductions or standard deduction from your federal return | 29. | 00000000 |
| 30. N.C. standard deduction | | |
| Single \$3,000; Head of household \$4,400; Qualifying widow(er) \$5,500; Married filing jointly \$5,500; Married filing separately: If your spouse does NOT claim itemized deductions \$2,750; If your spouse claims itemized deductions \$0 | | |
| NOTE: If 65 or older or blind or if someone can claim you as a dependent, see worksheet. | 30. | 00000000 |
| 31. Line 29 minus 30 - Amount cannot be less than zero | 31. | 00000000 |
| 32. State, local, and foreign income taxes | 32. | 00000000 |
| 33. Line 31 or 32, whichever is less | 33. | 00000000 |
| 34. Personal exemption adjustment | 34. | 00000000 |
| 35. Interest income from other states | 35. | 00000000 |
| 36. Adjustment for additional first-year depreciation (See instructions) | 36. | 00000000 |
| 37. Other federal taxable income additions | 37. | 00000000 |
| 38. Total additions | 38. | 00000000 |

Deductions from Federal Taxable Income

| | | |
|--|-----|-----------------|
| 39. State or local income tax refund | 39. | 00000000 |
| 40. Interest income from obligations of US or N.C. | 40. | 00000000 |
| 41. Social Security and Railroad Retirement Benefits | 41. | 00000000 |
| 42. Bailey settlement retirement benefits | 42. | 00000000 |
| 43. Other retirement benefits | 43. | 00000000 |
| 44. Other federal taxable income deductions | 44. | 00000000 |
| 45. Total deductions | 45. | 00000000 |

Part-Year Residents and Nonresidents

| | | |
|--|-----|-----------|
| 46. Income while a resident of N.C. | 46. | -00000000 |
| 47. Nonresident income from N.C. sources | 47. | -00000000 |
| 48. Add Lines 46 and 47 | 48. | -00000000 |
| 49. Total income from all sources | 49. | -00000000 |
| 50. Divide Line 48 by Line 49 | 50. | 0.0000 |

N.C. Residency Dates for Part-Year Residents and Nonresidents

| | Beginning | Ending |
|-----------|-----------|----------|
| Taxpayer: | MM DD YY | MM DD YY |
| Spouse: | MM DD YY | MM DD YY |