



# 2002 Estates and Trusts Income Tax Return

North Carolina Department of Revenue

For calendar year **2002**, or other tax year beginning (MM-DD) --**02** and ending (MM-DD-YY) --

Name of Estate or Trust (Legal Name) (USE CAPITAL LETTERS FOR NAME AND ADDRESS)

Name of Fiduciary (Circle one):  Administrator  Executor  Other

Federal Employer ID Number

Address County (Enter first five letters)

City State Zip Code

Fill in all applicable circles:

- Initial Return
- Amended Return
- Final Return
- Entity has Nonresident Beneficiaries

### Estate Information:

Date of Decedent's Death \_\_\_\_\_

Was final distribution of assets made during the tax year?  Yes  No

If no return filed last year, reason why \_\_\_\_\_

### Trust Information:

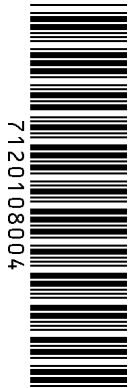
Date Trust Created \_\_\_\_\_

Name and Address of Grantor \_\_\_\_\_

If no return filed last year, reason why \_\_\_\_\_

If amount on Line 1, 3, 5, 6, or 7 is negative, fill in circle. Example:

Enter Whole U.S. Dollars Only



<p><b>1. Federal taxable income</b> (From Federal Form 1041, Line 22) ▶</p> <p><b>2. Additions to taxable income</b> (From Schedule B, Fiduciary Column, Line 3) ▶</p> <p><b>3. Add Lines 1 and 2</b> ▶</p> <p><b>4. Deductions from taxable income</b> (From Schedule B, Fiduciary Column, Line 4) ▶</p> <p><b>5. Line 3 minus Line 4</b> ▶</p> <p><b>6. Did the entity receive for the benefit of a nonresident beneficiary intangible income from any source or business income from sources outside of North Carolina? If so, enter the portion of Line 5 attributable to this income; otherwise, enter zero</b> ▶</p> <p><b>7. North Carolina taxable income</b> (Line 5 minus Line 6) ▶</p>	<p>1. <input checked="" type="radio"/> <input type="text"/>, <input type="text"/>, <input type="text"/>, <input type="text"/> .00</p> <p>2. <input type="text"/>, <input type="text"/>, <input type="text"/>, <input type="text"/> .00</p> <p>3. <input checked="" type="radio"/> <input type="text"/>, <input type="text"/>, <input type="text"/>, <input type="text"/> .00</p> <p>4. <input type="text"/>, <input type="text"/>, <input type="text"/>, <input type="text"/> .00</p> <p>5. <input checked="" type="radio"/> <input type="text"/>, <input type="text"/>, <input type="text"/>, <input type="text"/> .00</p> <p>6. <input checked="" type="radio"/> <input type="text"/>, <input type="text"/>, <input type="text"/>, <input type="text"/> .00</p> <p>7. <input checked="" type="radio"/> <input type="text"/>, <input type="text"/>, <input type="text"/>, <input type="text"/> .00</p>
<p><b>8. Tax due</b> (Use the Tax Rate Schedule on Page 2 to calculate the tax due)</p> <p><b>9. Tax credits</b> (From Form D-407TC) ▶</p> <p><b>10. Tax paid with extension</b> ▶</p> <p><b>11. Other prepayments of tax</b> ▶</p> <p><b>12. Tax paid by partnerships or S Corporations</b> (See instructions) ▶</p> <p><b>13. Total tax credits and payments</b> (Add Lines 9 through 12)</p> <p><b>14. If Line 8 is more than Line 13, subtract and enter the result</b> ▶</p> <p><b>15. Penalties and interest</b> (See instructions)</p> <p><b>16. Add Lines 14 and 15 and enter the total - Pay this Amount</b></p> <p><b>17. If Line 8 is less than Line 13, subtract and enter the Amount to be Refunded</b> ▶</p>	<p>8. <input type="text"/>, <input type="text"/>, <input type="text"/>, <input type="text"/> .00</p> <p>9. <input type="text"/>, <input type="text"/>, <input type="text"/>, <input type="text"/> .00</p> <p>10. <input type="text"/>, <input type="text"/>, <input type="text"/>, <input type="text"/> .00</p> <p>11. <input type="text"/>, <input type="text"/>, <input type="text"/>, <input type="text"/> .00</p> <p>12. <input type="text"/>, <input type="text"/>, <input type="text"/>, <input type="text"/> .00</p> <p>13. <input type="text"/>, <input type="text"/>, <input type="text"/>, <input type="text"/> .00</p> <p>14. <input type="text"/>, <input type="text"/>, <input type="text"/>, <input type="text"/> .00</p> <p>15. <input type="text"/>, <input type="text"/>, <input type="text"/>, <input type="text"/> .00</p> <p>16. \$ <input type="text"/>, <input type="text"/>, <input type="text"/>, <input type="text"/> .00</p> <p>17. <input type="text"/>, <input type="text"/>, <input type="text"/>, <input type="text"/> .00</p>

Legal Name (First 10 Characters)

□ □ □ □ □ □ □ □ □ □

Federal Employer ID Number

□ □ - □ □ □ □ □ □ □ □

**Schedule A. North Carolina Fiduciary Adjustments** (See instructions.)

**Additions to Federal Taxable Income**

- 1. Interest income from obligations of states other than North Carolina 1.  .00
  - 2. State, local, or foreign income taxes deducted on the federal return 2.  .00
  - 3. Adjustment for 30 percent additional first-year depreciation 3.  .00
  - 4. Other additions to federal taxable income (See instructions) 4.  .00
  - 5. Total additions to federal taxable income (Add lines 1 through 4) 5.  .00
- Apportion the additions on Line 5 between the beneficiaries and the fiduciary on Schedule B, Line 3 below*

**Deductions from Federal Taxable Income**

- 6. Interest income from obligations of the United States, United States' possessions, or the State of North Carolina 6.  .00
- 7. Taxable portion of Social Security and Railroad Retirement benefits 7.  .00
- 8. Federal, state, or local government retirement benefits exclusion 8.  .00  
*(Not to exceed \$4,000 - See instructions)*
- 9. Private retirement benefits exclusion (Not to exceed \$2,000) 9.  .00
- 10. Add Lines 8 and 9 10.  .00
- 11. Enter the amount from Line 10 or \$4,000, whichever is less 11.  .00
- 12. State, local, or foreign income tax refunds reported as income on federal return 12.  .00
- 13. Other deductions from federal taxable income (See instructions) 13.  .00
- 14. Total deductions from federal taxable income (Add Lines 6, 7, 11, 12, and 13) 14.  .00  
*Apportion the deductions on Line 14 between the beneficiaries and the fiduciary on Schedule B, Line 4 below*

**Schedule B. Allocation of Adjustments** (See instructions.)

Attach other pages if needed.

	Fiduciary	Beneficiary 1	Beneficiary 2	Beneficiary 3
1. Identifying Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Additions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Deductions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Important:** The fiduciary must provide each beneficiary an NC K-1 for Form D-407 or other information necessary for the beneficiary to prepare the appropriate North Carolina Income Tax Return.

**Tax Rate Schedule**

If the amount on Page 1, Line 7 is more than

\$0  
\$12,750  
\$60,000  
\$120,000

But not over

\$12,750  
\$60,000  
\$120,000  
-----

The tax is

6% of the amount on Line 7  
\$765 + 7% of amount over \$12,750  
\$4,072.50 + 7.75% of amount over \$60,000  
\$8,722.50 + 8.25% of amount over \$120,000

I certify that, to the best of my knowledge, this return is accurate and complete.

If prepared by a person other than fiduciary, this certification is based on all information of which the preparer has any knowledge.

Signature of Fiduciary Representing Estate or Trust \_\_\_\_\_ Date \_\_\_\_\_

Signature of Preparer Other Than Fiduciary \_\_\_\_\_ Date \_\_\_\_\_

( )  
Telephone Number (Include area code.) \_\_\_\_\_

Address \_\_\_\_\_  
( )  
Preparer's Telephone Number \_\_\_\_\_

MAIL TO: NC Department of Revenue  
P.O. Box 25000  
Raleigh, NC 27640-0645



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