

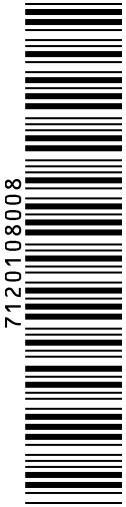
# 2006 Estates and Trusts Income Tax Return

North Carolina Department of Revenue

For calendar year **2006**, or other tax year beginning (MM-DD) --**06** and ending (MM-DD-YY) --

Name of Estate or Trust (Legal Name) (USE CAPITAL LETTERS FOR NAME AND ADDRESS)		Fill in all applicable circles: <input type="radio"/> Initial Return <input type="radio"/> Amended Return <input type="radio"/> Final Return <input type="radio"/> Entity has Nonresident Beneficiaries
<input type="text"/>		
Name of Fiduciary (Circle one): <input type="radio"/> Administrator <input type="radio"/> Executor <input type="radio"/> Other	Federal Employer ID Number	If estate return, was final distribution of assets made during the tax year?  <input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	
Address	County (Enter first five letters)	
<input type="text"/>	<input type="text"/>	
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>

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><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>▶ 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>▶ 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. <b>\$</b> <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>
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<p><b>11. Other prepayments of tax</b></p> <p><b>12. Tax paid by partnerships or S Corporations and North Carolina tax withheld reported on Form 1099R</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>▶ 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>
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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 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 _____
Daytime Telephone Number (Include area code.) <input type="text"/> - <input type="text"/> - <input type="text"/>	Preparer's Daytime Telephone Number (Include area code.) <input type="text"/> - <input type="text"/> - <input type="text"/>

Legal Name (First 10 Characters)

□ □ □ □ □ □ □ □ □ □

Federal Employer ID Number

□ □ - □ □ □ □ □ □ □ □

**Estate Information:**

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

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 \_\_\_\_\_

**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.	<input type="text"/>	.00
2. State, local, or foreign income taxes deducted on the federal return	2.	<input type="text"/>	.00
3. Other additions to federal taxable income (See instructions)	3.	<input type="text"/>	.00
4. Total additions to federal taxable income (Add lines 1 through 3) Apportion the additions on Line 4 between the beneficiaries and the fiduciary on Schedule B, Line 3 below	4.	<input type="text"/>	.00

**Deductions from Federal Taxable Income**

5. Interest income from obligations of the United States or United States' possessions	5.	<input type="text"/>	.00
6. Taxable portion of Social Security and Railroad Retirement benefits	6.	<input type="text"/>	.00
7. Federal, state, or local government retirement benefits exclusion (Not to exceed \$4,000 - See instructions)	7.	<input type="text"/>	.00
8. Private retirement benefits exclusion (Not to exceed \$2,000)	8.	<input type="text"/>	.00
9. Add Lines 7 and 8	9.	<input type="text"/>	.00
10. Enter the amount from Line 9 or \$4,000, whichever is less	10.	<input type="text"/>	.00
11. State, local, or foreign income tax refunds reported as income on federal return	11.	<input type="text"/>	.00
12. Adjustment for additional first-year depreciation added back in 2002, 2003, and 2004	12.	<input type="text"/>	.00
13. Other deductions from federal taxable income (See instructions)	13.	<input type="text"/>	.00
14. Total deductions from federal taxable income (Add Lines 5, 6, 10, 11, 12, and 13) Apportion the deductions on Line 14 between the beneficiaries and the fiduciary on Schedule B, Line 4 below	14.	<input type="text"/>	.00

**Important**

**Schedule B. Allocation of Adjustments (See instructions.)** If more than three beneficiaries, include separate schedule for additional beneficiaries.

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  
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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