

2008 Estates and Trusts Income Tax Return

North Carolina Department of Revenue

For calendar year **2008**, or fiscal year beginning (MM-DD) --**08** 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:

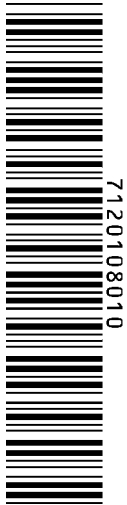
- Initial Return
- Amended Return
- Final Return
- Entity has Nonresident Beneficiaries

If estate return, was final distribution of assets made during the tax year?

- Yes No

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

Enter Whole U.S. Dollars Only



<p>1. Federal taxable income (From Federal Form 1041, Line 22) ▶</p> <p>2. Additions to taxable income (From Schedule B, Fiduciary Column, Line 3) ▶</p> <p>3. Add Lines 1 and 2</p> <p>4. Deductions from taxable income (From Schedule B, Fiduciary Column, Line 4) ▶</p> <p>5. Line 3 minus Line 4</p> <p>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 ▶</p> <p>7. North Carolina taxable income (Line 5 minus Line 6)</p> <p>8. Tax due (Use the Tax Rate Schedule on Page 2 to calculate the tax due)</p> <p>9. Tax credits (From Form D-407TC) ▶</p> <p>10. Tax paid with extension ▶</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. \$ <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

Address

Daytime Telephone Number (Include area code.)

Preparer's Daytime Telephone Number (Include area code.)

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. Adjustment for bonus depreciation	3.	<input type="text"/>	.00
4. Other additions to federal taxable income (See instructions)	4.	<input type="text"/>	.00
5. Total additions to federal taxable income (Add lines 1 through 4) Apportion the additions on Line 5 between the beneficiaries and the fiduciary on Schedule B, Line 3 below	5.	<input type="text"/>	.00

Deductions from Federal Taxable Income

6. Interest income from obligations of the United States or United States' possessions	6.	<input type="text"/>	.00
7. Taxable portion of Social Security and Railroad Retirement benefits	7.	<input type="text"/>	.00
8. Federal, state, or local government retirement benefits exclusion (Not to exceed \$4,000 - See instructions)	8.	<input type="text"/>	.00
9. Private retirement benefits exclusion (Not to exceed \$2,000)	9.	<input type="text"/>	.00
10. Add Lines 8 and 9	10.	<input type="text"/>	.00
11. Enter the amount from Line 10 or \$4,000, whichever is less	11.	<input type="text"/>	.00
12. State, local, or foreign income tax refunds reported as income on federal return	12.	<input type="text"/>	.00
13. Adjustment for additional first-year depreciation added back in 2002, 2003, and 2004	13.	<input type="text"/>	.00
14. Other deductions from federal taxable income (See instructions)	14.	<input type="text"/>	.00
15. Total deductions from federal taxable income (Add Lines 6, 7, 11, 12, 13, and 14) Apportion the deductions on Line 15 between the beneficiaries and the fiduciary on Schedule B, Line 4 below	15.	<input type="text"/>	.00

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

But not over

\$12,750
\$60,000

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