NC-40

9-09

Individual Estimated Income Tax

North Carolina Department of Revenue

Complete spouse's information if you and your spouse plan to file a joint return.

For calendar year ____ or fiscal year:

Beginning *(MM-DD-YY)* **Ending** *(MM-DD-YY)*

Your Social Security Number

Spouse's Social Security Number

Your First Name

M.I.

Spouse's First Name

M.I.

Amount of this Payment

$ ___,___,___ .00

Your Last Name

Spouse's Last Name

Address

Apartment Number

City

County *(Enter first 5 letters)*

State

Zip Code

Country *(If not U.S.)*

Mail this form with your check or money order in U.S. currency to:
N.C. Department of Revenue, P.O. Box 25000, Raleigh, N.C. 27640-0630.
Do not fold, tape, or staple this return or your check. Do not send cash.

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