

**2011 Beneficiary's Share of  
N.C. Income, Adjustments, and Credits**  
North Carolina Department of Revenue

For calendar year **2011** or fiscal year beginning **12 45 11** and ending **12 45 78**

**Beneficiary's Identifying Number**  
123456789

**Federal Employer ID Number**  
123456789

**Beneficiary's Name, Address, and Zip Code**  
ABCDEFGHIJKLMN OPQRSTUVWXYZ ABCDEFG  
ABCDEFGHIJKLMN OPQRSTUVWXYZ ABCDEFG  
ABCDEFGHIJKLMN OPQRSTUVWXYZ ABCDEFG  
ABCDEFGHIJKLMN OPQRSTUVWXYZ ABCDEFG  
ABCDEFGHIJKLMN OPQRSTUVWXYZ ABCDEFG  
ABCDEFGHIJKLMN OPQRSTUVWXYZ ABCDEFG

**Estate's or Trust's Name, Address, and Zip Code**  
ABCDEFGHIJKLMN OPQRSTUVWXYZ ABCDEFG  
ABCDEFGHIJKLMN OPQRSTUVWXYZ ABCDEFG  
ABCDEFGHIJKLMN OPQRSTUVWXYZ ABCDEFG  
ABCDEFGHIJKLMN OPQRSTUVWXYZ ABCDEFG  
ABCDEFGHIJKLMN OPQRSTUVWXYZ ABCDEFG  
ABCDEFGHIJKLMN OPQRSTUVWXYZ ABCDEFG

Estate's or Trust's Pro Rata Share Items	Amount	Individuals Filing Form D-400 Enter Amount on:
<b>All Beneficiaries</b>		
1. Share of beneficiary's income (loss)	1234567890	
2. Beneficiary's share of additions to income (loss)		
a. Addition for bonus depreciation	1234567890	Page 3, Line 38
b. Other additions to income (loss)	1234567890	Page 3, Line 40
3. Beneficiary's share of deductions from income (loss)		
a. Deduction for bonus depreciation	1234567890	Page 3, Line 48
b. Other deductions from income (loss)	1234567890	Page 4, Line 52
4. Share of tax paid to another state or country	1234567890	Form D-400TC
5. a. Share of Tax Credit for Small Businesses That Pay N.C. Unemployment Insurance	1234567890	Form D-400TC
b. Share of other tax credits	1234567890	Form D-400TC
<b>Nonresidents Only</b>		
6. Portion of Line 1 above that is from N.C. sources	1234567890	
7. Portion of Line 2 above that is attributable to N.C. source income	1234567890	
8. Portion of Line 3 above that is attributable to N.C. source income	1234567890	The sum of Lines 6 and 7, minus Line 8, must be included on Page 4, Line 54