

< Staple All Pages of Your Amended Return Here

Your SSN: 123456789
Spouse's SSN: 123456789

ABCDEFGHIJKLMNO A ABCDEFGHIJKLMNOPQRST
ABCDEFGHIJKLMNO A ABCDEFGHIJKLMNOPQRST
ABCDEFGHIJKLMNQRSTUWXYZABCDEFGHI 12345
ABCDEFGHIJKLMNQRST AB 12345 ABCDEFGHI ABCDE

Is the address shown above different than the address shown on your original return? [] Yes [] No

Fill in applicable boxes:

- [] Original return for this tax year has been previously audited
[X] Change of Filing Status (Note: You cannot change from joint to separate returns after the due date of the original return has passed.)
[] Amended to report Net Operating Loss (Include a copy of your federal Form 1045, including Schedules A & B.)
[] Amended to report federal change
[] Amended for other reasons

Reconciliation Statement

A. Original

B. Amended

Table with 3 columns: Description, A. Original, B. Amended. Rows include: 1. Enter the total income tax from D-400, Line 16; 2. Enter tax credits from D-400, Line 17; 3. Subtract Line 2 from Line 1; 4. Consumer Use Tax from D-400, Line 19; 5. Add Line 3 and 4; 6. NC Tax Withheld - a. Your tax withheld; b. Spouse's tax withheld; 7. Other tax payments (Estimated Tax, Payment with Extension, Partnership, S-Corporation); 8. NC Earned Income Tax Credit from D-400, Line 23; 9. Amount paid with original return plus additional tax paid after return was filed; 10. Total payments. Add Lines 6a through 9 in Column B; 11. Total of all previous refunds received or expected to be received for this taxable year; 12. Subtract Line 11 from Line 10; 13. Tax Due - If Line 12 is more than Line 5, Column B, skip Line 13 and complete Line 16 below; 14. Penalties and interest; 15. Add Lines 13 and 14 and enter the total due - Pay This Amount; 16. If Line 5, Column B is less than Line 12, enter the difference as Amount to Be Refunded.

Sign Return Below

[] Refund Due 12345678

[] Payment Due 12346578

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

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

Your Signature Date

Paid Preparer's Signature Date

Spouse's Signature (If filing joint return, both must sign.) Date

Daytime Telephone Number (Include area code)

Paid Preparer's FEIN, SSN, or PTIN Paid Preparer's Telephone Number

Mail all Amended returns, payment for the amount shown due on Line 15, and Form D-400V Amended to:
N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

