NC K-1 (SD)
(D-407)
9-25-04

Beneficiary's Share of N.C. Income, Adjustments, and Credits

North Carolina Department of Revenue

For calendar year YYYY or other year starting MM DD YY and ending MM DD YY

Beneficiary's Identifying Number
000000000

Federal Employer ID Number
000000000

Beneficiary's Name, Address, and Zip Code
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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Estate's or Trust's Name, Address, and Zip Code
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Estate's or Trust's Pro Rata Share Items	**Amount**	**Individuals Filing Form D-400 Enter Amount on:**
All Beneficiaries		
1. Share of beneficiary's income (loss)	0000000000	
2. Additions to income (loss)	0000000000	Page 3, Line 37
3. Deductions from income (loss)	0000000000	Page 3, Line 45
4. Share of tax paid to another state or country	0000000000	Form D-400TC
5. Share of other tax credits	0000000000	Form D-400TC
Nonresidents Only		
6. Portion of Line 1 above that is from N.C. sources	0000000000	The sum of Lines 6 and 7, minus Line 8, must be included on Page 4, Line 48
7. Portion of Line 2 above that is attributable to N.C. source income	0000000000	
8. Portion of Line 3 above that is attributable to N.C. source income	0000000000	