DO NOT MAIL THIS PAGE

NCDOR NORTH CAROLINA DEPARTMENT OF REVENUE

Instructions for Handwritten Forms

Guidelines

Do not use red ink

Use blue or black ink

Do not use dollar signs, commas, or other punction marks

$, ? {

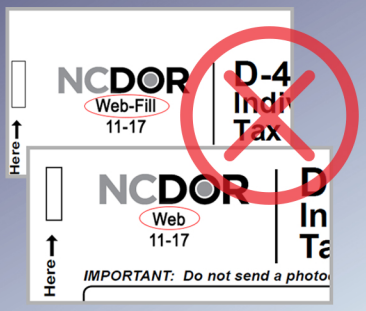
Printing

Before printing select "actual size"

Do not select "print on both sides of paper"

Before Mailing

Do not mix form types



Do not submit photocopies of returns

Submit originals only

NCDOR
Web
9-17

D-400 Schedule AM
2017 Amended Schedule

Important: You must complete Form D-400 and fill in the applicable circle indicating amended return. Attach this schedule to the front of your North Carolina amended D-400 return. *(See Instructions)*

Your Social Security Number ___ - __ - ____

← You must enter your social security number(s) →

Spouse's Social Security Number ___ - __ - ____

Your First Name *(USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)* M.I. Your Last Name

If a Joint Return, Spouse's First Name M.I. Spouse's Last Name

Mailing Address - If this is a change, fill in applicable circle. ◯ Apartment Number

City State Zip Code Country *(If not U.S.)* County *(Enter first five letters)*

Reason(s) for Amending Your Return *(Fill in the circles for all applicable boxes)*

- ◯ Federal audit change *(Attach federal audit report)*
- ◯ Additional Income *(Include W-2, 1099, or K-1)*
- ◯ Adjustments to D-400 Schedule S *(Attach schedule and any supporting documentation)*
- ◯ Adjustments to D-400 Schedule PN *(Attach schedule and any supporting documentation)*
- ◯ Tax Credits *(Attach Form D-400TC)*
- ◯ Filing Status (**Note:** You cannot change from joint to separate returns after the due date of the original return.)
- ◯ Change in Social Security Number or ITIN (SSN or ITIN on original return _____-_____-_____)
- ◯ Original return has previously been audited by the Department
- ◯ Net operating loss *(Include copy of your federal form 1045, including Schedules A and B)*
- ◯ Injured/innocent spouse
- ◯ Tax Treaties
- ◯ Other

Explanation of Changes

Give the reason for each change. Attach all supporting forms and schedules for the items changed. Be sure to include your name and social security number on any attachments. If the changes are also applicable to your federal return, include a copy of **Federal Form 1040X.** If there was a change to wages or State withholding, be sure to include corrected Forms W-2 or 1099. **Refunds will not be processed without a complete explanation of changes and required attachments.**

Mail Form D-400 Schedule AM, Form D-400, all required schedules, supporting forms, and, if applicable, payment for the amount shown due on Form D-400, Line 27 and Form D-400V Amended to:

N.C. DEPARTMENT OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640