

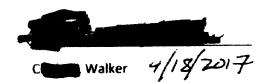
N.C. Department of Revenue P.O. Box 25000 Raleigh, NC 27640-0640

Dear Sir/Madam:

Please find enclosed the filing of our 2016 Form D-400 NC Individual Income Tax Return. Also enclosed are two (2) attached 4852 Substitute for Form W-2 Wage and Tax Statements, due to the fact that the companies that submitted Forms W-2 erroneously alleged payments to my spouse and myself of Internal Revenue Code (IRC) § 3121 and § 3401 "wages". These reports are hereby disputed. Forms 4852 are submitted to rebut the characterization of non-taxable payments to my spouse and myself as reportable "wages". The amounts shown as withheld from our pay on these forms are correct.

We expect a full and complete refund of the overpayment shown on our 2016 Form D-400.

Under penalties of perjury, we declare that I have examined the enclosed Forms 4852 and, to the best of my knowledge and belief, they are true, correct, and accurate.





NCDOR Web 8-16

D-400 Individual Income Tax Return 2016

AMENDED RETURN

1 F诩 in circle. (See instructions.) Here. IMPORTANT: Do not send a photocopy of this form. - 16 and ending (MM-00-YY) For calendar year 2016, or fiscal year beginning (MM-DO) Return Spouse's Social Security Number Your Social Security Number You must enter your of Your social security number(s YOUR FIRST NameJUSE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) Your Last Name WALKER All Pages if a Joint Return, Spouse's First Name Apartment Number Maenu Address Staple Zio Code Country (If not U.S.) COLETY SAME AND THE BOOK MAKEN WINSTON SALEM NC. N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. See instructions for information about the Fund. Fill in circle if you or, if married filing jointly, your spouse were out of the country on April 15 and a U.S. citizen or resident. Enter date of death of deceased taxpayer or deceased spouse **Deceased Taxpayer Information** Fill in circle if return is filed and signed by Executor, Administrator or Court-Appointed Personal Representative. Texpeyer If No. complete Lines 1 through 12. Then go to Part D of Schedule S. Fill in residency information O No Were you a resident of N.C. for the entire year of 2016? Yes **Residency Status** Was your spouse a resident for the entire year? 🔾 No and complete Lines 24 through 26. Yes Yes \(\bigcirc \text{No.} \) Did you daim the standard deduction on your 2016 federal return? Yes No Are you a veteran? (See Instructions.) Veteran Information Yes 🌑 No la your spouse a veteran? Print in Black or Blue Ink Only. No Pencil or Red Ink. Fill in one circle only. (See instructions.) 1. O Single Married Filing Jointly Stat 3. (Enter your spouse

Filling Separately

Full name and Social
Security Number) 4. () Head of Household Enter Whole U.S. Dollars Only 5. Qualifying Widow(er) with Dependent Child (Year spouse ded 6. Adjusted gross income from your federal return if amount on (If negative, see instructions.) Line 6, 8, 10. 12, or 14 is 7. Additions to federal adjusted gross income (From Line 6 of Form D-400 Schedule S, Part A) .00 negative, fill in circle. 00. 978 8. Add Lines 5 and 7. Exampleo 9. Deductions from federal adjusted gross income (From Line 14 of Form D-400 Schedule S, Part B) .00 879.00 10. 11 10. Subtract Line 9 from Line 8. 11. • N.C. standard deduction OR N.C. itemized deductions Here. Fill in one circle only. (If itemizing, complete Part C of Form D-400 Schedule S, and enter the amount from Line 23.) 16500 .00 12. 15.621.00 12. Subtract Line 11 from Line 10 taple 13. Part-year residents and nonresidents 13. (From Line 26 of Form D-400 Schedule S. Part D) 14. North Carolina Taxable Income Full-year residents enter the amount from Line 12. 15.621.00 Part-year residents and nonresidents multiply amount on Line 12 by the decimal amount on Line 13. 15. North Carolina Income Tax To calculate your tax, multiply Line 14 by 5.75% (0.0575). If Line 14 is negative, enter -0- on Line 15. 00.00 **1**5.

Page 2 D-400 Web WALKER Be sure to sign and date your return below 8-16 16. Tax Credits (From Form D-400TC, Pert 3, Line 20 - You must attach Form D-400TC if you enter an amount on this line.) 16 .00 17 17. Subtract Line 16 from Line 15. .00 If you certify that no Consumer 18. Consumer Use Tax (See instructions.) Use Tax is due, fill in circle. .00 19 19. Add Lines 17 and 18. 20. North Carolina Your tax withheld Spouse's tax withheld Income Tax Withheld 485 .00 2912.00 If you claim a partnership payment on Line 21c or S Paid with extension 2016 estimated tax 21. Other Tax Payments corporation payment on Line 21d, you must attach a copy of the NC K-1. .00 S Corporation Partnershin .00 22. Amended Returns Only - Previous payments (See Amended Returns in instructions.) .00 If amount on Line 25 is 23 3397.00 23. Total Payments - Add Lines 20a through 22. negetive, fill in 24. 24. Amended Returns Only - Previous refunds (See Amended Returns in instructions.) Example. .00 3397.00 25. 25. Subtract Line 24 from Line 23. 26. a. Tex Due - If Line 19 is more than Line 25, subtract Line 25 from Line 19. 26a (If Line 25 is negative, see instructions.) .00 (Add Lines 26b and 26c and enter the total c. interest b. Penaities 26d. .00 .00 .00 on Line 26d.) e. Interest on the underpayment of estimated income tax (See instructions and enter letter in box, if applicable.) — 26a. .00 Exception to underpayment of estimated 27. Add Lines 26a, 26d, and 26e. Pay This Amount - You can pay online. See instructions. 27. tax 28. Overpayment - If Line 19 is less than Line 25. 28 subtract Line 19 from Line 25. 29. Amount of Line 28 to be applied to 2017 Estimated Income Tax 30 30. Contribution to the N.C. Nongame and Endangered Wildlife Fund .00 31. 31. Contribution of overpayment to the N.C. Education Endowment Fund .00 32. 32. Add Lines 29, 30, and 31. .00 Subtract Line 32 from Line 28. This is the Amount To Be Refunded. For direct deposit, file electronically. If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge. I certify that, to the best of my knowledge, this return is accurate and complete. Here Date Paid Preparer's Signature Sign Spouse's Signature (If him joint raturn, both must sign.) WORK FEIN SSN OF PTIN Preparer's Telephone Number (Include area code.) Home Telephone Number (Include area code.) N.C. DEPT. OF REVENUE P.O. BOX 25000 N.C. DEPT OF REVENUE P.O. BOX R If you ARE NOT due a If REFUND mail FOR ORIGINAL RETURNS ONLY refund, mail return, any payment, and D-400V to:

Your Social Security Number

RALEIGH, NC 27640-0640

Last Name (First 10 Characters)

RALEIGH, NC 27634-0001

(Rev. September 2014)

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

► Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

OMB No. 1545-0074

SEPARATE THE THE PARTY IN THE P	s available at www.irs.gov/form4852.
1 Name(s) shown on return	2 Your social security number
3 Address	
, WINSTON SALEM, NC	
4 Enter year in space provided and check one box. For the	tax year ending December 31, 2016
V I have been unable to obtain (or have received an incorrect)	
I have netified the IRS of this fact. The amounts shown on lin	ne 7 or line 8 are my best estimates for all wages or payments
7 made to me and tax withheld by my employer or payer name	ed on line 5.
5 Employer's or payer's name, address, and ZIP code	6 Employer's or payer's
	identification number (if kno
GREENSBORO, NC	
7 Form W-2. Enter wages, tips, other compensation, and tax	res withheld.
a Wages, tips, and other compensation	g f State income tax withheld
b Social security wages	0 (Name of state) NORTH CAROLINA
c Medicare wages and tips	o g Local income tax withheld
d Social security tips	0 (Name of locality)
e Federal income tax withheld	168 h Social security tax withheld
	i Medicare tax withheld
A Committee of the state of the	retirement/profit-sharing plans, IRAs, insurance contracts, etc.
8 Form 1099-R. Enter distributions from pensions, annuities,	, roth office of profit sharing plants, it is as, insurance constituting the
a Gross distribution	f Federal income tax withheld
b Taxable amount	g State income tax withheld
c Taxable amount not determined .	h Local income tax withheld
d Total distribution	
d Total distribution	
e Capital gain (included in line 8b) . 9 How did you determine the amounts on lines 7 and 8 above?	i Employee contributions
Capital gain (included in line 8b) How did you determine the amounts on lines 7 and 8 above? PECORDS PROVIDED BY THE PAYER LISTED ON LINE 5. NO INTER	i Employee contributions j Distribution codes ? RNAL REVENUE CODE § 3121 / § 3401 "WAGES" WERE RECEIVED.
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Form 4852

(Rev. September 2014)

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

► Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

OMB No. 1545-0074

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