



# Instructions For Handwritten Forms

## Guidelines



Do not use red ink. Use blue or black ink.



Do not use dollar signs, commas, or other punctuation marks.



## Printing



Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.



Do not select "print on both sides of paper."



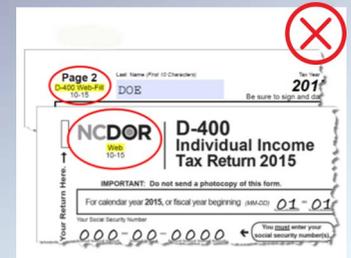
## Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.





# D-403 NC K-1

## 2021 Partner's Share of North Carolina Income, Adjustments, and Credits

DOR  
Use  
Only

Use Form D-403 NC K-1 to report each partner's share of the partnership's income (loss), N.C. adjustments, N.C. tax credits, etc. Each partner should keep Form D-403 NC K-1, Form NC K-1 Supplemental Schedule, and any other information provided to them by the partnership for their records. The partner is not required to attach the information to their N.C. tax return unless specifically required to do so.

For calendar year **2021**, or fiscal year beginning (MM-DD) \_\_\_\_\_ - \_\_\_\_\_ - **21** and ending (MM-DD-YY) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Information About the Partnership**

Partnership's Federal Employer ID Number: \_\_\_\_\_ Partnership's Name, Address, and Zip Code: \_\_\_\_\_

**Information About the Partner**

Partner's Identifying Number: \_\_\_\_\_ Partner's Name, Address, and Zip Code: \_\_\_\_\_

Is the Partner a N.C. Resident?  
 Yes  No

If the partner is a disregarded entity, enter the name and taxpayer identification number of the disregarded entity below:

Name of Disregarded Entity: \_\_\_\_\_ Taxpayer Identification Number of Disregarded Entity: \_\_\_\_\_

Partner's Pro Rata Share Items	Amount	Individuals Filing Form D-400 Enter Amount on:
<b>All Partners</b>		
<b>1. Share of Partnership Income (Loss)</b> <i>(From federal Schedule K-1 for Form 1065. Add Part III, Lines 1 through 11)</i>	_____	<i>(This amount should already be included in federal adjusted gross income)</i>
<b>2. Additions to Income (Loss)</b> <i>(From Form D-403, Part 4, Line 6. Attach Form NC K-1 Supplemental Schedule)</i>	_____	Form D-400 Schedule S, Part A
<b>3. Deductions from Income (Loss)</b> <i>(From Form D-403, Part 4, Line 7. Attach Form NC K-1 Supplemental Schedule)</i>	_____	Form D-400 Schedule S, Part B
<b>4. Share of Tax Credits</b> <i>(From Form D-403, Part 4, Line 8)</i>	_____	Form D-400TC
<b>5. Share of Tax Withheld from Compensation Paid for Services Performed in N.C.</b> <i>(Not included on Form D-403, Part 1, Line 14c)</i>	_____	Form D-400, Line 20 <i>(N.C. residents only)</i>
<b>Nonresidents Only</b>		
<b>6. Portion of Line 1 Above From N.C. Sources</b>	_____	Form D-400 Schedule PN, Column B, Line 11
<b>7. Portion of Line 2 Above Attributable to N.C. Source Income</b> <i>(Attach Form NC K-1 Supplemental Schedule)</i>	_____	Form D-400 Schedule PN, Column B, Part B, or Form D-400 Schedule PN-1, Column B, Part A
<b>8. Portion of Line 3 Above Attributable to N.C. Source Income</b> <i>(Attach Form NC K-1 Supplemental Schedule)</i>	_____	Form D-400 Schedule PN, Column B, Part B, or Form D-400 Schedule PN-1, Column B, Part B
<b>9. Nonresident's Share of Net Tax Paid by the Manager of the Partnership</b> <i>(From Form D-403, Part 4, Line 20)</i>	_____	Form D-400, Line 21c