CD-405 CW

Web 10-13

Combined Corporate Income Tax Worksheet North Carolina Department of Revenue

File with Form CD-405

Principal Member Legal Name		Princip	oal Member Fed	eral Employ	yer ID Number	
Name of Principal Member Last Year (If different than above)		Federa	al Employer ID N		t Year (If differe	
Schedule A. Entities Included in Combined Return (List the name and FEII	N of each corpora	ation inclu	ded in comb	ined retur	rn)	
Name	FEIN		New Member (Fill in circle)	If y memb	yes, enter the per entered	the group
1 (Principal Member)		(Yes No			
2		(Yes No) <u> </u>		
3			Yes No)		
4			Yes No) <u></u>		
5		(Yes No) <u></u>		
6		(Yes O No			
7			Yes No			
8			Yes No) <u> </u>		
9		(Yes No			
10			Yes No	`	_	_
			_	,		
Schedule B. Entities Excluded From Combined Return (List the name and	FEIN of each co	rporation e			ed return. F	-ill in the
circle that corresponds to the reason(s) the entity was excluded fro	FEIN of each co	rporation e return.)	excluded from	n combine		Fill in the
Schedule B. Entities Excluded From Combined Return (List the name and circle that corresponds to the reason(s) the entity was excluded from Name FEIN	FEIN of each co	rporation e return.)		n combine		Fill in the
circle that corresponds to the reason(s) the entity was excluded fro	FEIN of each coi m the combined Not	rporation e return.) Federal Return Not	excluded from	n combine		Other (Attach Explanation)
circle that corresponds to the reason(s) the entity was excluded fro	FEIN of each coi m the combined Not	rporation e return.) Federal Return Not	Reason(s) f	n combine	ion Entity not taxed	Other (Attach
circle that corresponds to the reason(s) the entity was excluded fro	FEIN of each common the combined Not Unitary	rporation e return.) Federal Return Not Required	Reason(s) for Insurance Company	or Exclusi	Entity not taxed as Corp	Other (Attach Explanation)
Name FEIN 1	FEIN of each committee combined Not Unitary	rporation e return.) Federal Return Not Required	Reason(s) for Insurance Company	or Exclusion S Corp	Entity not taxed as Corp	Other (Attach Explanation)
Name FEIN 1	FEIN of each committee combined Not Unitary O	rporation e return.) Federal Return Not Required	Reason(s) for Insurance Company	or Exclusion S Corp	Entity not taxed as Corp	Other (Attach Explanation)
name 1	PEIN of each color method the combined Not Unitary	rporation e return.) Federal Return Not Required	Reason(s) for Insurance Company	or Exclusion S Corp	Entity not taxed as Corp	Other (Attach Explanation)
name FEIN 1	PEIN of each committee combined Not Unitary O O O O O O O O O O O O O O O O O O	rporation e return.) Federal Return Not Required	Reason(s) for Insurance Company	s Corp	Entity not taxed as Corp	Other (Attach Explanation)
circle that corresponds to the reason(s) the entity was excluded from Name Name FEIN 1.	PEIN of each committee combined Not Unitary O O O O O O O O O O O O O O O O O O	rporation e return.) Federal Return Not Required	Reason(s) for Insurance Company	s Corp	Entity not taxed as Corp	Other (Attach Explanation)
circle that corresponds to the reason(s) the entity was excluded from Name Name FEIN 1.	PEIN of each committee combined Not Unitary O O O O O O O O O O O O O O O O O O	rporation e return.) Federal Return Not Required	Reason(s) for Insurance Company	s Corp	Entity not taxed as Corp	Other (Attach Explanation)

	Α	В	С	D	E
Schedule C. Combined Federal Taxable Income Before NOL	Principal Member Name	Member Name	Member Name	Eliminations between members (attach schedule)	Combined Totals
	FEIN	FEIN	FEIN	(anaon oon oaaro)	
1. a. Gross receipts or sales					
b. Returns and allowances					
c. Balance (Line 1a minus Line 1b)					
2. Cost of goods sold (Attach schedule)					
3. Gross Profit (Line 1c minus Line 2)					
4. Dividends (Attach schedule)					
5. a. Interest on obligations of the US and its instrumentalities					
b. Other interest					
6. Gross rents					
7. Gross royalties					
8. Capital gain net income (Attach schedule)					
9. Net gain (loss) (Attach schedule)					
10. Other income (Attach schedule)					
11. Total Income (Add Lines 3 through 10)					
12. Compensation of officers (Attach schedule)					
13. Salaries and wages (Less employment credits)					
14. Repairs and maintenance					
15. Bad debts					
16. Rents					
17. Taxes and licenses					
18. Interest					
19. Charitable contributions					
20. a. Depreciation					
b. Depreciation included in cost of goods sold					
c. Balance (Line 20a minus Line 20b)					
21. Depletion					
22. Advertising					
23. Pension, profit-sharing, and similar plans					
24. Employee benefit programs					
25. Domestic production activities deduction26. Other deductions (Attach schedule)					
27. Total Deductions (Add Lines 12 through 19, 20c, and 21 through 26)					
28. Taxable Income (Line 11 minus Line 27)					
29. Special Deductions (From Federal Form 1120, Line 29b)					
30. Federal Taxable Income Before NOL (Line 28 minus Line 29. Enter amount from Column E on Form CD-405, Schedule B, Line 10.)					. 00

	Α	В	С	D	E
Schedule D. Combined Adjustments to Federal Taxable Income	Principal Member Name	Member Name	Member Name	Eliminations between members (attach schedule)	Combined Totals
	FEIN	FEIN	FEIN		
1. Additions: a. Taxes based on net income					
b. Dividends paid by captive REITs					
c. Contributions					
d. Royalties paid to related members (See instructions)					
e. Expenses attributable to income not taxed (See instructions)					
f. Domestic production activities deduction (From Schedule C, Line 25)					
g. Bonus depreciation					
h. Other (Attach explanation or schedule)					
2. Total Additions (Add Lines 1a-1h)					
3. Deductions: a. U.S. obligation interest (net of expenses)					
b. Other deductible dividends (See instructions)					
c. Dividends received from captive REITs					
d. Royalties received from related members (See instructions)					
e. Interest on deposits with FHLB (net of expenses) S&L's only					
f. Bonus depreciation (See instructions)					
g. Section 179 expense deduction					
h. Other (Attach explanation or schedule)					
4. Total Deductions (Add Lines 3a-3h)					
 Combined Adjustments to Federal Taxable Income (Line 2 minus Line 4. Enter amount from Column E on Form CD-405, Schedule B, Line 11.) 					.00

Schedule E. Combined Apportionment Factor (Only one apportionment factor is to be calculated for the combined group. The standard three factor formula must be used unless more than 50% of the group's combined income subject to apportionment is generated from a business activity subject to special apportionment. In that case, the formula applicable to that industry is used to apportion the income of the entire group, see Schedule E, Parts 2 or 3. The apportionment factor must be calculated 4 places to the right of the decimal.)

•	s used to appoint the income of the entire group, see	A	В	С	, D	E
Part 1. Standard Three	Factor	Principal Member Name	Member Name	Member Name	Eliminations between members	Combined Totals
		FEIN	FEIN	FEIN	_ (attach schedule)	
1. Property - NC	a. Land					
(Beginning of income year)	b. Buildings					
	c. Inventories				_	
	d. Other Property					
O Description NO	e. Total - NC (Add Lines 1a through 1d)					
2. Property - NC	a. Land				_	
(End of income year)	b. Buildings c. Inventories					
	d. Other Property					
	e. Total - NC (Add Lines 2a through 2d)					
3 Average Value of Property - N	IC (Add Line 1e plus Line 2e; divide by 2)					
4. Rented Property - NC (Multipl						
5. Property - Everywhere	a. Land					
(Beginning of income year)	b. Buildings					
(==g	c. Inventories					
	d. Other Property					
	e. Total - Everywhere (Add Lines 5a through 5d)					
Property - Everywhere	a. Land					
(End of income year)	b. Buildings				_	
	c. Inventories					
	d. Other Property					
	e. Total - Everywhere (Add Lines 6a through 6d)					
	Everywhere (Add Line 5e plus Line 6e; divide by 2)					
8. Rented Property - Everywhere						
9. Property Factor	a. Add Lines 3 and 4; enter sum here					
	b. Add Lines 7 and 8; enter sum here					
40 0 5 11 110	c. Divide Line 9a by 9b; enter factor here					
10. a. Gross Payroll - NC	F				_	
b. Compensation of General I						
c. Net Payroll - NC (Line 10a						
11. a. Gross Payroll - Everywhere						
b. Compensation of General						
c. Net Payroll - Everywhere (•					
12. Payroll Factor	a. Enter amount from Line 10c					
	b. Enter amount from Line 11c					
10.0 5 11 110	c. Divide Line 12a by 12b; enter factor here					
13. Gross Receipts - NC					-	
14. Gross Receipts - Everywhere						
15. Sales Factor	a. Enter amount from Line 13					
	b. Enter amount from Line 14					
	c. Divide Line 15a by 15b; enter factor here					
16. Sales Factor (Enter the same						
17. Total Factors (Add Lines 9c,						%
nresent Enter factor on Form	nt Factor (Divide Line 17 by the number of factors CD-405, Schedule B, Line 17.)					L%

	Α	В	С	D	E
Part 2. Single Sales Factor (Excluded corporations, qualified capital intensive				E	
corporations, and certain public utilities must apportion North Carolina corporate income tax using the sales factor alone. See G.S.105-130.4 for more information.)	Principal Member Name	Member Name	Member Name	Eliminations between members (attach schedule)	Combined Totals
	FEIN	FEIN	FEIN		
1. Gross Receipts - NC					
2. Gross Receipts - Everywhere					
3. Sales Factor (Divide Line 1 by Line 2. Enter factor on Form CD-405, Schedule B, Line 17)					9
2. Gross Receipts - Everywhere 3. Sales Factor (Divide Line 1 by Line 2. Enter factor on Form CD-405,					

	A	В	С	E
Schedule F. Schedule of Payments Made by Each Member of the Combined Group	Principal Member Name	Member Name	Member Name	Combined Totals
	FEIN	FEIN	FEIN	
First estimated tax payment (From Form CD-429)				
2. Second estimated tax payment (From Form CD-429)				
3. Third estimated tax payment (From Form CD-429)				
4. Fourth estimated tax payment (From Form CD-429)				
5. Overpayment from prior year return (From 2012 Form CD-405, Line 40)				
6. Total estimated tax payments (Add Lines 1 through 5. Enter total on Form CD-405, Schedule B, Line 29b)				■00
7. Total income tax extension payments. (From Form CD-419, Line 10) Add Columns A through C. Enter total on Form CD-405, Schedule B, Line 29a.				. 00