NCDOR Web 7-16 Partnership Income Tax Return

Fo	r calendar year 2016, or fiscal year begin	ning (MM-DD)	6	and ending (MM-DD-YY)	= =					
Lega	al Name (USE CAPITAL LETTERS FOR NAME AND	deral Employer ID Number	Fill in all applicable circles:							
Lega	al Name Continued	LC, Enter N.C. Secretary of State ID	 Initial Return Amended Return Final Return Entity is LLC 							
Add	ress	Apartment Number	O Entity has Nonresident Owners							
					O NC-NPA Forms attached					
City		State	Zip Code	County (Enter first fi	0 NC-478 Is attached					
					Publicly Traded Partnership					
Part 1. Computation of Income Tax Due or Refund (See Form D-403A, Instructions for Partnership Income Tax Return.)										
1.	Enter the total income or loss (Add through 11 of Schedule K, Federal Fe	l Lines 1 prm 1065)		▶ 1. ○						
	Guaranteed payments to partners (See instructions)	If amount on Line 1, 3, 5, 7,		▶ 2.						
	Line 1 minus Line 2	8, 9, or 10 is negative, fill in circle.		3. ()						
	Additions to income (From Part 4, Line 4)	Example:		▶ 4.						
	Add Lines 3 and 4			5. 🔿						
;	Deductions from income (<i>From Part 4</i> and deductions on Lines 4 and 6 s individual partners in Part 3, Section	should be allocated to		▶ 6.	<u>.</u>					
7.	Net distributive partnership income (Line 5 minus Line 6)			7.						
	Nonapportionable net distributive par (From Part 5, Line 1)	tnership income		▶ 8. ○						
	Apportionable net distributive partner (<i>Line 7 minus Line 8)</i>	ship income		9. ()						
	Nonapportionable net distributive par allocated to North Carolina <i>(From Pa</i>			▶ 10. ○						
	Tax due for nonresident partners (Total from Part 3, Line 18)	▶ 11.								
12.	Tax credits allocated to nonresident p (Enter Partners' Total from Part 3, Lir	▶ 12.								
13.	Net tax due for nonresident partners Total from Part 3, Line 20)	(Enter Partners'	6018	▶ 13.						
	Tax paid with extension and other pro (If filing an amended return, see instr	uctions)		▶ 14.						
	Tax paid by other partnerships or by (See instructions)	▶ 15.	······································							
	Tax withheld from personal services i (See instructions)	ncome		▶ 16.						
17.	Add Lines 14 through 16			17.						
	Total tax due for nonresident partners Line 17, subtract and enter the result		an	▶ 18.						
19.	19a. Penalties 19b. li	nterest	(Add Lines 19a a							
	▶00 ▶		19b and enter th total on Line 19c	, 190. ,						
20.	Total Due for nonresident partners (The manager of the partnership mus	esult. 20. \$								
	Amount to be Refunded (If net tax subtract and enter the result.)	due on Line 13 is less	than Line 17,	▶ 21.						

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	1. Within North Carolina			2. Total Everywhere				
	(a) Beginning Period	(b)	Ending Period	(a) Begi r	ning Period	(b)	Ending Period	
1. Land								
2. Buildings								
3. Inventories								
4. Other property								
5. Total (Add Lines 1-4)								
 Average value of property Add amounts on Line 5 for (a) and (b); divide by 2 								
 7. Rented property (Multiply annual rents by 8) 							Facto)r
8. Property Factor Add Lines 6 and 7; divide Co by Column 2 and enter factor	umn 1							
9. Gross payroll								
10. Compensation of general executive officers								
 Payroll Factor Line 9 minus Line 10; divide (1 by Column 2 and enter fact 	Column							
12. Sales Factor Divide Column 1 by Column 2 the result by 3 and enter factor								
13. Total of Factors Add Lines 8, 11, and 12								
14. N.C. Apportionment Percen Divide Line 13 by 5 or the num		nter res	sult here and on Part	3, Line 12 fc	r each nonres	ident pa	artner	
Partnerships Apportioning Partnerships that would mee corporation" in G.S. 105-130 must apportion North Caroli complete the property and p	t the definition of "exc 4 if they were corpora na income tax using ayroll factor sections a	clude ations the above	d corporation" or t s and certain publ sales factor alone	the definition ic utilities to e. These p	on of "capita reated as pa partnerships	artnersh need	not	

Page 3 D-403 Web 7-16		Legal Name (First 10 Charact	Legal Name (First 10 Characters) If more than two partners, include separate schedule for additional partners. Fed Only one Total is needed. Image: Construction of the separate schedule is needed. Image: Construction of the separate schedule is needed.						
	 Part 3. A. Partners' Shares of Income, Adjustments, Tax Credits, and Other Items Complete Lines 1 through 8 for all partners. B. Computation of North Carolina Taxable Income for Nonresident Partners Complete Lines 9 through 17 for all nonresident partners. C. Computation of Tax Due for Nonresident Partners on Whose Behalf the Partnership Pays the Complete Lines 18 through 20. 								
Α	At	ttach other pages if needed.	Partner 1	Partner 2	Partner's Total				
	1.	Identifying Number							
	2.	Name							
	3.	Address							
	4.	Partner's share percentage	<u> </u>	<u>%</u>	<u>%</u>				
	5.	Type of partner (Ex: Ind., Corp., Part.)							
	6.	Additions to income (loss) (To Form NC K-1, Line 2)							
	7.	Deductions from income (loss) (To Form NC K-1, Line 3)							
	8.	Share of Tax Credits (To Form NC K-1, Line 4)							
			NC Resident Ves No	NC Resident O Yes O No					
В	9.	Guaranteed payments to nonresident partners applicable to income on Part 1, Line 9							
	10.	Percentage from Line 4 times amount on Part 1, Line 9							
	11.	Add Lines 9 and 10							
	12.	Apportionment percentage from Part 2A, Line 14; Part 2B; or Part 2C	<u> </u>	<u>%</u>					
		Multiply Line 11 by Line 12							
		Guaranteed payments to nonresident partners applicable to income on Part 1, Line 10							
		Percentage from Line 4 times amount on Part 1, Line 10							
	16.	Separately stated items of income attributable to nonresident partners							
	17.	North Carolina taxable income (Add Lines 13, 14, 15, and 16)							
С	18.	Tax Due (Multiply Line 17 by 5.75%)							
	19.	Tax credits allocated to nonresident partners from Line 8 above							
	20.	Net Tax Due (Line 18 minus Line 19)							
			NC-NPA Form attached Ves No	NC-NPA Form attached Ves No					

Important: The Partnership must provide each Partner an NC K-1 for Form D-403 or other information necessary for the Partner to prepare the appropriate North Carolina Tax Return.

Page		Legal Name (First 10 Characters)					Federal Employer ID Number				
D-403 Web 7-16	b					-					
			-	ustments	to Income (See	instructions)					
Additions to Income 1. Interest income from obligations of states other than North Carolina 1.										.00	
			0								
	State, local, or foreign income taxes deducted on the federal return S. Other additions to income (See Form D-401, Individual Income Tax Instructions, for other additions								00		
		nay be applicabl						3.		00	
			•	ines 1, 2, an	d 3 and enter total h	ere and on Part 1, Line	e 4)	4.		00	
		uctions from			d Otata a an United O			F		0	
					d States or United St			5.		00	
		U U			ported as income on ck in 2011, 2012, 20			6.		00	
					total on Line 7f)	13, 2014, and 2015					
7	7 a . 2	2011	-	2012	7c. 201		. 2014		7e. 2015		
			_ 00		.00	•00		00		00	
								7f.		00	
		deductions fror be applicable to			401, Individual Incor	ne Tax Instructions, fo	r other deductio	ns that 8.		00	
9 . T	otal	deductions from	income (A	dd Lines 5,	6, 7f, and 8 and ente	er total here and on Pa	rt 1, Line 6)	9.		.00	
Par	t 5.	Nonapport	ionable	Net Distr	ibutive Partners	ship Income					
		this schedule if	you have in	icome classi		able income. See the i	instructions for	an explanation o	f what is apportion	able	
incoi		nd what is nona			(B) Gross	(C) Related		Amounts inus Column C)	(E) Net Amounts		
	(*	,			Amounts	Expenses		nus column C)	Directly to N	N.C.	
			,		lumn D here and on Part	· · ·		.00			
		Portionable in Part 1, Line 10)	ICOME Allo	cated to N.	C. (Enter the total of Co	lumn E here				.00	
Ехр	lana	ation of why inc	ome listed	in chart is n	onapportionable inco	me rather than apport	onable income	: (Attach additiona	l sheets if necessary)	
			- f A	de d Determe						$ \longrightarrow$	
⊨≍р	ana	ation of change	s for Amen	uea keturn:	(Attach additional she	ets if necessary)					
I cert	I certify that, to the best of my knowledge, this return is accurate and complete. If prepared by a person other than the managing partner, this certification is based on										
all information of which preparer has any knowledge.											
Sian	Signature of Managing Partner Date Signature of Preparer Other Than Managing Partner Date								e		
- 3.1											
Daytime Telephone Number (Include area code) Address											
	If entity is an LLC and it converted to an LLC during the tax year, enter entity name prior to conversion:										
						Preparer's Daytime Te	lephone Number (Include area code)			
							N OPTIN:				
ι —						(Fill in applica	ble circle)	Preparer's FEIN,	SSN, or PTIN		

MAIL TO: North Carolina Department of Revenue, P.O. Box 25000, Raleigh, North Carolina 27640-0640