



Instructions For Handwritten Forms

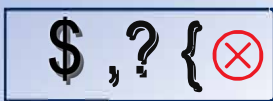
Guidelines



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."



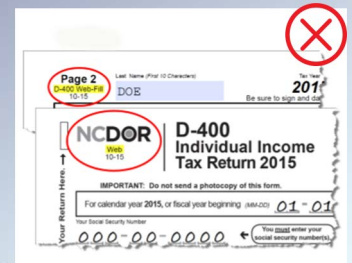
Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.



Legal Name (First 10 Characters)

If more than two partners, include separate schedule for additional partners.
Only one Total is needed.

Federal Employer ID Number

Part 4. 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 Tax

Complete Lines 18 through 20.

A	Partner 1	Partner 2	Partners' Total
<p>Attach other pages if needed.</p> <p>1. Identifying Number</p> <p>2. Name</p> <p>3. Address</p> <p>4. Partner's share percentage <input type="text"/> %</p> <p>5. Type of partner (Ex: Ind., Corp., Part.)</p> <p>6. Additions to income (loss) (To Form NC K-1, Line 2)</p> <p>7. Deductions from income (loss) (To Form NC K-1, Line 3)</p> <p>8. Share of Tax Credits (To Form NC K-1, Line 4)</p> <p style="text-align: center;">NC Resident <input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> %</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="text-align: center;">NC Resident <input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> %</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="text-align: center;">NC Resident <input type="radio"/> Yes <input type="radio"/> No</p>	<p style="background-color: #cccccc;"></p> <p style="background-color: #cccccc;"></p> <p style="background-color: #cccccc;"></p> <p><input type="text"/> %</p> <p style="background-color: #cccccc;"></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="background-color: #cccccc;"></p>
<p>B</p> <p>9. Guaranteed payments to nonresident partners applicable to income on Part 1, Line 9</p> <p>10. Percentage from Line 4 times amount on Part 1, Line 9</p> <p>11. Add Lines 9 and 10</p> <p>12. Apportionment percentage from Part 2 <input type="text"/> %</p> <p>13. Multiply Line 11 by Line 12</p> <p>14. Guaranteed payments to nonresident partners applicable to income on Part 1, Line 10</p> <p>15. Percentage from Line 4 times amount on Part 1, Line 10</p> <p>16. Separately stated items of income attributable to nonresident partners</p> <p>17. North Carolina taxable income (Add Lines 13, 14, 15, and 16)</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> %</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> %</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="background-color: #cccccc;"></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>C</p> <p>18. Tax Due (Multiply Line 17 by 5.25%)</p> <p>19. Tax credits allocated to nonresident partners from Line 8 above</p> <p>20. Net Tax Due (Line 18 minus Line 19)</p> <p style="text-align: center;">NC-NPA Form attached <input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="text-align: center;">NC-NPA Form attached <input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="text-align: center;">NC-NPA Form attached <input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="background-color: #cccccc;"></p>

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.

Legal Name (First 10 Characters)

Federal Employer ID Number

Part 5. Ordinary Business Income (Loss)

Part 6. Partners' Distributive Share Items

1. a. Gross receipts or sales	_____	.00
b. Returns and allowances	_____	.00
c. Balance (Line 1a minus Line 1b)	_____	.00
2. Cost of goods sold (Attach schedule)	_____	.00
3. Gross profit (Line 1c minus Line 2)	_____	.00
4. Ordinary income (loss) from other partnerships, estates, trusts (Attach schedule)	_____	.00
5. Net farm profit (loss) (Attach schedule)	_____	.00
6. Net gain (loss) (Attach schedule)	_____	.00
7. Other income (loss) (Attach schedule)	_____	.00
8. Total Income (Loss) Add Lines 3 through 7	_____	.00
9. Salaries and wages (other than to partners) (Less employment credits)	_____	.00
10. Guaranteed payments to partners	_____	.00
11. Repairs and maintenance	_____	.00
12. Bad debts	_____	.00
13. Rent	_____	.00
14. Taxes and licenses	_____	.00
15. Interest	_____	.00
16. a. Depreciation _____		
b. Depreciation reported elsewhere on return _____		
c. Balance (Line 16a minus 16b)	_____	.00
17. Depletion	_____	.00
18. Retirement plans, etc.	_____	.00
19. Employee benefit programs	_____	.00
20. Other deductions (Attach schedule)	_____	.00
21. Total Deductions Add the amounts shown in the far right column for Lines 9 through 20	_____	.00
22. Ordinary Business Income (Loss) Line 8 minus Line 21; enter amount here and on Part 6, Line 1	_____	.00

1. Ordinary business income (loss)	_____	.00
2. Net rental real estate income (loss)	_____	.00
3. Other net rental income (loss)	_____	.00
4. Guaranteed Payments	_____	.00
5. Interest income	_____	.00
6. Ordinary dividends	_____	.00
7. Royalties	_____	.00
8. Net short-term capital gain (loss)	_____	.00
9. Net long-term capital gain (loss)	_____	.00
10. Net section 1231 gain (loss)	_____	.00
11. Other income (loss) (Attach schedule)	_____	.00
12. Total Income (Loss) Add Lines 1 through 11; enter amount here and on Part 1, Line 1	_____	.00

Part 7. Adjustments to Income (Loss)

(See Form D-401, Individual Income Tax Instructions)

Additions to Income		
1. Interest income from obligations of states other than North Carolina	_____	.00
2. State, local, or foreign income taxes deducted on the federal return	_____	.00
3. Adjustment for bonus depreciation	_____	.00
4. Other additions to income (Attach schedule)	_____	.00
5. Total additions to income (Add Lines 1 through 4; enter amount here and on Part 1, Line 4)	_____	.00
Deductions from Income		
6. Interest income from obligations of the United States or United States' possessions	_____	.00
7. State, local, or foreign income tax refunds reported as income on federal return	_____	.00
8. Adjustment for bonus depreciation	_____	.00
9. Other deductions from income (Attach schedule)	_____	.00
10. Total deductions from income (Add Lines 6 through 9; enter amount here and on Part 1, Line 6)	_____	.00

Explanation of changes for Amended Return (Attach additional sheets if necessary)

I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Contact Phone Number (Include area code)

Signature of Managing Partner

Date

If entity is an LLC and it converted to an LLC during the tax year, enter entity name prior to conversion:

Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.

If prepared by a person other than the managing partner, this certification is based on all information of which preparer has any knowledge.

Signature of Paid Preparer Other Than Managing Partner

Date

Address of Paid Preparer

Preparer's FEIN, SSN, or PTIN

Preparer's Contact Phone Number (Include area code)

Fill in applicable circle: FEIN SSN PTIN