NCDOR | NORTH CAROLINA DEPARTMENT OF REVENUE

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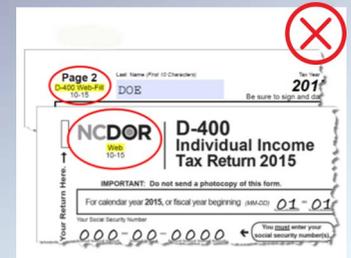
Do not select "print on both sides of paper."

Before Sending

Do not submit photocopies of returns. Submit originals only.

Do not mix form types.

Page 2
D-400 Web-Fill
10-15
Last Name (First 10 Characters)
DOE
Tax Year
201
Be sure to sign and date

NCDOR
Web
10-15
D-400
Individual Income
Tax Return 2015

IMPORTANT: Do not send a photocopy of this form.

For calendar year 2015, or fiscal year beginning (MM-DD) 01-01

Your Social Security Number
000-00-0000 ← You must enter your social security number(s).

NCDOR
Web 7-20

CD-405
C-Corporation Tax Return 2020

For calendar year **2020** or other tax year beginning *(MM-DD)* _____ - _____ - **2 0** and ending _____ - _____ - _____ *(MM-DD-YY)*
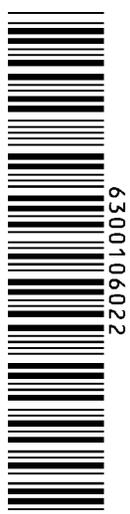
DOR Use Only

Legal Name *(First 35 Characters)(USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)*

Federal Employer ID Number
► _____ - _____

Address

Secretary of State ID   NAICS Code
► _____   ► _____

City   State   Zip Code

Gross Receipts / Sales
► _____ .00

Fill in all applicable circles:
- ○ Initial Return
- ○ Final Return
- ○ Short Year Return
- ○ Amended Return
- ○ Captive REIT
- ○ Tax Exempt
- ○ Non U.S./Foreign
- ○ Combined Return *(Approved Taxpayers Only)*
- ○ NC-Rehab is attached
- ○ NC-478 is attached
- ○ Has Escheatable Property

Total Assets per Balance Sheet
► _____ .00

Federal Extension   Were you granted an automatic extension to file your 2020 federal income tax return (Form 1120)?   ○ Yes   ○ No
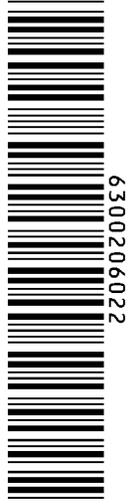
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of $ _____ . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 40. See instructions for information about the Fund.

A — Computation of Franchise Tax

1. Net Worth
(From Schedule C, Line 9)

Holding Company Exception
(See instructions)
○

► 1. _____ .00

2. Investment in N.C. Tangible Property
(From Schedule D, Line 8)
► 2. _____ .00

3. Appraised Value of N.C. Tangible Property
(From Schedule E, Line 2)
► 3. _____ .00

4. Taxable Amount
Line 1, 2, or 3, whichever is greatest
4. _____ .00

5. Total Franchise Tax Due
Multiply Line 4 by .0015 *($1.50 per $1,000.00 - minimum $200.00)*
► 5. _____ .00

6. Payment with Franchise Tax Extension *(From Form CD-419, Line 9)*
When filing an amended return, see instructions.
► 6. _____ .00

7. Tax Credits *(From Form CD-425, Part 2, Line 14)*
*If a tax credit is taken on Line 7, Form CD-425 **MUST** be attached.*
► 7. _____ .00

8. Franchise Tax Due - If the sum of Line 6 plus 7 is less than Line 5, enter difference here and on Page 2, Line 31
8. $ _____ .00

9. Franchise Tax Overpaid - If the sum of Line 6 plus 7 is more than Line 5, enter difference here and on Page 2, Line 31
► 9. _____ .00

B — Computation of Corporate Income Tax

If amount on Line 10-12, 14-16, or 18-20 is negative, fill in circle.
Example: ●

10. Federal Taxable Income Before NOL
(From Schedule G, Line 30 or Federal Form 1120, Line 28 minus 29b)
► 10. ○ _____ .00

11. Adjustments to Federal Taxable Income
(From Schedule H, Line 5)
► 11. ○ _____ .00

12. Net Income Before Contributions
Add Lines 10 and 11
12. ○ _____ .00

13. Contributions to Donees Outside N.C.
(From Schedule I, Line 1c)
► 13. _____ .00

14. N.C. Taxable Income
Line 12 minus Line 13
14. ○ _____ .00

15. Nonapportionable Income
(From Schedule N, Line 1)
► 15. ○ _____ .00

16. Apportionable Income
Line 14 minus Line 15
► 16. ○ _____ .00

17. Apportionment Factor - Enter to four decimal places
(From Schedule O, Part 1; Part 2 - Line 9 or Part 3)
► 17. _____ . _____ %

18. Income Apportioned to N.C.
Multiply Line 16 by factor on Line 17
► 18. ○ _____ .00

19. Nonapportionable Income Allocated to N.C.
(From Schedule N, Line 2)
► 19. ○ _____ .00

20. Income Subject to N.C. Tax
Add Lines 18 and 19
► 20. ○ _____ .00

21. Percentage Depletion over Cost Depletion on N.C. Property
(See Instructions)
► 21. _____ .00

6300106022

Legal Name _____ **FEIN** _____

B Computation of Corporate Income Tax

22. State Net Loss *(Attach schedule)*

22. _____.00

23. Income Before Contributions to N.C. Donees
Line 20 minus Lines 21 and 22

| If amount on Line 23 or 25 is negative fill in circle. Example: ● |

23. ○ _____.00

24. Contributions to N.C. Donees
(From Schedule I, Line 2e)

24. _____.00

25. Net Taxable Income
Line 23 minus Line 24

25. ○ _____.00

26. N.C. Net Income Tax
Multiply Line 25 by 2.5%

26. _____.00

27. Payments and Credits
When filing an amended return, see instructions.

a. Income Tax Extension
(From Form CD-419, Line 10)

27a. _____.00

b. 2020 Estimated Tax

27b. _____.00

c. Partnership *(If a partnership payment is taken on Line 27c, a copy of Form D-403 NC K-1 **MUST** be attached.)*

27c. _____.00

d. Nonresident Withholding
(Include copy of 1099 or W-2)

27d. _____.00

e. Tax Credits *(From Form CD-425, Part 4, Line 30)*
*If a tax credit is taken on Line 27e, Form CD-425 **MUST** be attached.*

27e. _____.00

28. Add Lines 27a through 27e

28. _____.00

29. Income Tax Due - If Line 28 is less than Line 26, enter difference here and on Line 32, below

29. $ _____.00

30. Income Tax Overpaid - If Line 28 is more than Line 26, enter difference here and on Line 32, below

30. _____.00

(barcode: 630020620222)

Tax Due or Refund

31. Franchise Tax Due or Overpayment
(From Schedule A, Line 8 or 9)

| If amount on Line 31-33 is an overpayment fill in circle. Example: ● |

31. ○ _____.00

32. Income Tax Due or Overpayment
(From Schedule B, Line 29 or 30)

32. ○ _____.00

33. Balance of Tax Due or Overpayment
Add (or subtract) Lines 31 and 32

33. ○ _____.00

34. Underpayment of Estimated Income Tax
(Enter letter in exceptions box, if applicable. See instructions.)

Exception to Underpayment of Estimated Tax ▶ _____

34. _____.00

35. a. Interest   **b. Penalties**

▶ _____.00   ▶ _____.00

(Add Lines 35a and 35b and enter the total on Line 35c)

35c. _____.00

36. Total Due - Add Lines 33, 34, and 35c and enter result here, but not less than zero. If less than zero, enter amount on Line 37.
Pay your tax online. See instructions.

Pay in U.S. Currency From a Domestic Bank

36. _____.00

37. Overpayment

37. _____.00

38. Amount of Line 37 applied to **2021 Estimated Income Tax**

38. _____.00

39. Amount of Line 37 contributed to **N.C. Nongame and Endangered Wildlife Fund**

39. _____.00

40. Amount of Line 37 contributed to **N.C. Education Endowment Fund**

40. _____.00

41. Amount to be Refunded
Line 37 minus Lines 38, 39, and 40

41. _____.00

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.

Corporate Phone Number *(Include area code)* ▶ _____ - _____ - _____

Signature and Title of Officer: _____ Date _____

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

PAID PREPARER USE ONLY

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

Preparer's FEIN, SSN, or PTIN _____

Preparer's Contact Phone Number *(Include area code)* _____ - _____ - _____

▶

Signature of Paid Preparer: _____ Date _____

Fill in applicable circle: ○ FEIN   ○ SSN   ○ PTIN

MAIL TO: N.C. Dept. of Revenue, P.O. Box 25000, Raleigh, N.C. 27640-0500. Returns are due by the 15th day of the 4th month after the end of the income year.

Ⓒ Net Worth

1. Total assets *(See instructions for definition)*   1. _____ .00

2. Total liabilities   2. _____ .00

3. Line 1 minus Line 2   3. _____ .00

4. Accumulated depreciation, depletion, and amortization permitted for income tax purposes
(Attach Schedule)   4. _____ .00

5. Line 3 minus Line 4   5. _____ .00

6. Affiliated indebtedness *(Attach schedule)* _____

_____   6. _____ .00

7. Line 5 plus (or minus) Line 6   7. _____ .00

8. Apportionment factor *(From Schedule O, Part 1; Part 2 - Line 9; or Part 3)*   8. _ _ _ _ . _ _ _ _ %

9. Net Worth
Multiply Line 7 by factor on Line 8 and enter result here and on Schedule A, Line 1.
If amount on Line 9 is less than zero, enter zero on Schedule A, Line 1.   9. _____ .00

Ⓓ Investment in N.C. Tangible Property

Inventory valuation method:

1. Total value of inventories located in N.C.   ○ FIFO   ○ Lower of cost or market   Other_____
(LIFO valuation not permitted)   1. _____ .00

2. Total value of furniture, fixtures, and machinery and equipment located in N.C.   2. _____ .00

3. Total value of land and buildings located in N.C.   3. _____ .00

4. Total value of leasehold improvements and other tangible property located in N.C.   4. _____ .00

5. Add Lines 1 through 4 and enter total   5. _____ .00

6. Accumulated depreciation, depletion, and amortization with respect to N.C. tangible property   6. _____ .00

7. Debts existing for the purchase or improvement of N.C. real estate   7. _____ .00

8. Investment in N.C. Tangible Property
Line 5 minus Lines 6 and 7; enter amount here and on Schedule A, Line 2   8. _____ .00

Ⓔ Appraised Value of N.C. Tangible Property

1. Total appraised value of all N.C. tangible property, including motor vehicles
*(If tax year ends December 31, 2019 through September 30, 2020, enter the appraised county tax value
of all real and tangible property located in N.C. as of January 1, 2019, including any motor vehicles
assessed during the tax year. Otherwise, enter value as of January 1, 2020.)*   1. _____ .00

2. Appraised Value of N.C. Tangible Property
Multiply Line 1 by 55%; enter here and on Schedule A, Line 3   2. _____ .00

Ⓕ Other Information - All Taxpayers Must Complete this Schedule

1. State of incorporation _____ Date incorporated _____

2. Date Certificate of Authority was obtained from N.C. Secretary of State _____

3. Regular or principal trade or business in N.C. _____ Everywhere _____

4. Principal place from which business is directed or managed _____

5. What was the last year the IRS redetermined the corporation's federal taxable income?_____

6. Were the adjustments reported to N.C.?   ○ **Yes**   ○ **No**   If so, when? _____

7. Does this corporation finance or discount its receivables through a related or an affiliated company?   ○ **Yes** ○ **No**

8. Is this corporation subject to franchise tax but not N.C. income tax because the corporation's income tax activities
are protected under P.L. 86-272? *(Attach detailed explanation)*   ○ **Yes**   ○ **No**

9. Officers' names and addresses:

President _____   Secretary _____

Vice-President _____   Treasurer _____

Ⓖ Federal Taxable Income Before NOL Deduction

Complete this schedule if you do not attach a copy of your federal income tax return.

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. Dividends *(Attach schedule)* _____.00

5. a. Interest on obligations of the United States and its instrumentalities _____.00

   b. Other interest _____.00

6. Gross rents _____.00

7. Gross royalties *(Attach schedule)* _____.00

8. Capital gain net income *(Attach schedule)* _____.00

9. Net gain (loss) *(Attach schedule)* _____.00

10. Other income *(Attach schedule)* _____.00

11. Total Income Add Lines 3 through 10 _____.00

12. Compensation of officers *(Attach schedule, including addresses)* _____.00

13. Salaries and wages *(Less employment credits)* _____.00

14. Repairs and maintenance _____.00

15. Bad debts _____.00

16. Rents _____.00

17. Taxes and licenses _____.00

18. Interest _____.00

19. Charitable contributions _____.00

20. a. Depreciation _____

   b. Depreciation included in cost of goods sold _____

   c. Balance *(Line 20a minus Line 20b)* _____.00

21. Depletion _____.00

22. Advertising _____.00

23. Pension, profit-sharing, and similar plans _____.00

24. Employee benefit programs _____.00

25. Reserved for future use

26. Other deductions *(Attach schedule)* _____.00

27. Total Deductions Add Lines 12 through 26 _____.00

28. Taxable Income per Federal Return Before NOL and Special Deductions Line 11 minus Line 27 _____.00

29. Special Deductions *(From Federal Form 1120, Line 29b)* _____.00

30. Federal Taxable Income Before NOL Line 28 minus Line 29; enter amount here and on Schedule B, Line 10 _____.00

Ⓗ Adjustments to Federal Taxable Income

1. Additions:

   a. Taxes based on net income _____.00

   b. Contributions _____.00

   c. Royalties to related members _____.00

   d. Net interest expense to related members _____.00

   e. Expenses attributable to income not taxed _____.00

   f. Bonus depreciation _____.00

   g. Section 179 expense deduction _____.00

   h. Other *(Attach explanation or schedule)* _____.00

2. Total Additions *(Add Lines 1a-1h)* _____.00

3. Deductions:

   a. U.S. obligation interest *(net of expenses)* *(Attach schedule)* _____.00

   b. Other deductible dividends _____.00

   c. Royalties from related members _____.00

   d. Qualified interest expense to related members _____.00

   e. Bonus depreciation _____.00

   f. Section 179 expense deduction _____.00

   g. Other *(Attach explanation or schedule)* _____.00

4. Total Deductions *(Add Lines 3a-3g)* _____.00

5. Adjustments to Federal Taxable Income Line 2 minus Line 4, enter amount here and on Schedule B, Line 11 _____.00

Ⓘ Contributions

1. Contributions to Donees Outside N.C.

   a. Enter total contributions to donees outside N.C. _____.00

   b. Multiply the amount shown on Schedule B, Line 12 by 5% if Line 12 is greater than zero. Otherwise, enter zero here. _____.00

   c. **Amount Deductible** Enter the lesser of Line 1a or 1b here and on Schedule B, Line 13 _____.00

2. Contributions to N.C. Donees

   a. Enter total contributions to N.C. donees other than those listed in Line 2d, below _____.00

   b. Multiply the amount shown on Schedule B, Line 23 by 5% if Line 23 is greater than zero. Otherwise, enter zero here. _____.00

   c. Enter the lesser of Line 2a or 2b _____.00

   d. Enter total contributions to the State of N.C. and its political subdivisions _____.00

   e. **Amount Deductible** Add Lines 2c and 2d; enter total here and on Schedule B, Line 24 _____.00

Ⓙ Explanation of Changes for Amended Return
Attach additional sheets if necessary

_____

_____

_____

_____

_____

Note: The letter K is not used to designate a schedule.

Balance Sheet per Books (L)

Assets	Beginning of Tax Year		End of Tax Year	
1. Cash				
2. a. Trade notes and accounts receivable				
b. Less allowance for bad debts	( )		( )	
3. Inventories				
4. a. U.S. government obligations				
b. State and other obligations				
5. Tax-exempt securities				
6. Other current assets *(Attach end of year schedule)*				
7. Loans to shareholders				
8. Mortgage and real estate loans				
9. Other investments *(Attach end of year schedule)*				
10. a. Buildings and other depreciable assets				
b. Less accumulated depreciation	( )		( )	
11. a. Depletable assets				
b. Less accumulated depletion	( )		( )	
12. Land *(net of any amortization)*				
13. a. Intangible assets *(amortizable only)*				
b. Less accumulated amortization	( )		( )	
14. Other assets *(Attach end of year schedule)*				
15. **Total Assets**				

Liabilities and Shareholders' Equity	Beginning of Tax Year		End of Tax Year	
16. Accounts payable				
17. Mortgages, notes, and bonds payable in less than 1 year				
18. Other current liabilities *(Attach end of year schedule)*				
19. Loans from shareholders				
20. Mortgages, notes, and bonds payable in 1 year or more				
21. Other liabilities *(Attach end of year schedule)*				
22. Capital stock: a. Preferred Stock				
b. Common Stock				
23. Additional paid-in capital				
24. Retained earnings – Appropriated *(Attach end of year schedule)*				
25. Retained earnings – Unappropriated				
26. Adjustments to shareholders' equity *(Attach end of year schedule)*				
27. Less cost of treasury stock		( )		( )
28. **Total Liabilities and Shareholders' Equity**				

M-1 Reconciliation of Income (Loss) per Books With Return

1. Net income (loss) per books
2. Federal income tax
3. Excess of capital losses over capital gains
4. Income subject to tax not recorded on books this year *(itemize):* _____
5. Expenses recorded on books this year not deducted on this return *(itemize):*
   a. Depreciation $ _____
   b. Charitable Contributions $ _____
   c. Travel and entertainment $ _____
6. Add Lines 1 through 5

7. Income recorded on books this year not included on this return *(itemize):*
   Tax-exempt interest $ _____
8. Deductions on this return not charged against book income this year *(itemize):*
   a. Depreciation $ _____
   b. Charitable Contributions $ _____
9. Add Lines 7 and 8
10. Income *(Line 6 minus Line 9)*

M-2 Retained Earnings Analysis

1. Balance at beginning of year
2. Net income (loss) per books
3. Other increases *(itemize):* _____
4. Add Lines 1, 2, and 3

5. Distributions: a. Cash
                 b. Stock
                 c. Property
6. Other decreases *(itemize):* _____
7. Add Lines 5 and 6
8. Balance at End of Year *(Line 4 minus Line 7)*

Legal Name _____ **FEIN** _____

*Complete this schedule if you have income classified as nonapportionable income. See the instructions for an explanation of what is **apportionable income** and what is **nonapportionable income**.*

Ⓝ Nonapportionable Income

(A) Nonapportionable Income	(B) Gross Amounts	(C) Related Expenses*	(D) Net Amounts *(Column B minus Column C)*	(E) Net Amounts Allocated Directly to N.C.

1. Nonapportionable Income *(Enter the total of Column D here and on Schedule B, Line 15)* _____.00

2. Nonapportionable Income Allocated to N.C. *(Enter the total of Column E here and on Schedule B, Line 19)* _____.00

Explanation of why income listed in chart is nonapportionable income rather than apportionable income:

(Attach additional sheets if necessary)

* For an acceptable means of computing related expenses, see 17 N.C.A.C. 5C .0304.

Ⓒ Computation of Apportionment Factor

Part 1. **Domestic and Other Corporations Not Apportioning Franchise or Income Outside N.C.**
Enter 100% on Schedule B, Line 17 and Schedule C, Line 8   *100.0000* %

Part 2. **Corporations Apportioning Franchise or Income to N.C. and to Other States**   Example: *99.9999* %
*Note: Apportionment factors **must be calculated 4 places** to the right of the decimal.*

State Net Loss Apportionment:
Are you electing to apportion receipts based on income-producing activities due to a State Net Loss?   ○ **Yes** ○ **No**

	1. Within North Carolina	**2. Total Everywhere**
1. Gross Receipts Subject to Apportionment		
2. Gross Rents Subject to Apportionment		
3. Gross Royalties Subject to Apportionment		
4. Dividends Subject to Apportionment		
5. Interest Subject to Apportionment		
6. Other Apportionable Income		
7. Share of Receipts from Noncorporate Entities Subject to Apportionment		
8. Total *(Add Lines 1 through 7 for each column)*		

9. N.C. Apportionment Factor
(Divide Line 8 Column 1 by Line 8 Column 2; enter the factor here, on Schedule B, Line 17, and Schedule C, Line 8. See instructions and G.S. 105-130.4 for more information.)   _____ %

Part 3. **Special Apportionment Formulas**
Special apportionment formulas apply to certain types of corporations such as banks, wholesale content distributors, electric power companies, air transportation companies, water transportation companies, pipeline companies, and railroad companies. If you use a special apportionment formula, enter the computed apportionment factor here, on Schedule B, Line 17, and on Schedule C, Line 8. Attach a schedule to support the special apportionment calculation. *(See instructions and G.S. 105 -130.4, 130.4A, and 130.4B for more information.)*   _____ %