



# 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.



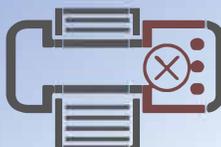
## Printing



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



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



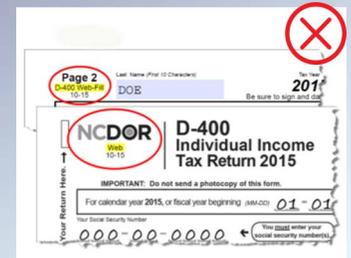
## Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.



For calendar year **2021**, or other tax year beginning (MM-DD) \_\_\_\_\_ - **21** and ending (MM-DD-YY) \_\_\_\_\_ DOR Use Only

Legal Name (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) _____ Address _____ City _____ State _____ Zip Code _____	Federal Employer ID Number _____ Secretary of State ID _____ NAICS Code _____
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Fill in all applicable circles: <input type="radio"/> Initial Return <input type="radio"/> NC-Rehab is attached <input type="radio"/> Has Nonresident Shareholders <input type="radio"/> Final Return <input type="radio"/> NC-478 is attached <input type="radio"/> Has Escheatable Property <input type="radio"/> Short Year Return <input type="radio"/> Amended Return <input type="radio"/> NC-PE is attached	Gross Receipts / Sales _____ .00
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<input checked="" type="radio"/> <b>Qualified Subchapter S Subsidiary</b> Type of S-Corporation (select one, if applicable) <input type="radio"/> Parent of a Qualified Subchapter S Subsidiary <input type="radio"/> Qualified Subchapter S Subsidiary (If either circle above is filled in, see Schedule F, Line 7 to provide additional information.)	Total Assets per Balance Sheet _____ .00
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**Federal Extension** Were you granted an automatic extension to file your 2021 federal income tax return (Form 1120S)?  Yes  No

<b>(A)</b>	<b>Computation of Franchise Tax</b>	1. <b>Net Worth</b> <i>(From Schedule C, Line 9)</i> 2. <b>Investment in N.C. Tangible Property</b> <i>(From Schedule D, Line 8)</i> 3. <b>Appraised Value of N.C. Tangible Property</b> <i>(From Schedule E, Line 2)</i> 4. <b>Taxable Amount</b> Line 1, 2, or 3, whichever is greatest 5. <b>Total Franchise Tax Due</b> If Line 4 ≤ \$1,000,000, the minimum tax due of \$200 is applicable. If Line 4 > \$1,000,000, multiply the amount over \$1,000,000 by .0015 and add \$200. 6. <b>Payment with Franchise Tax Extension</b> <i>(From Form CD-419, Line 9)</i> <i>When filing an amended return see instructions.</i> 7. <b>Tax Credits</b> <i>(From Form CD-425, Part 2, Line 14)</i> <i>If a tax credit is taken on Line 7, Form CD-425 MUST be attached.</i> 8. <b>Franchise Tax Due</b> - If the sum of Line 6 plus 7 is less than Line 5, enter difference here and on Page 2, Line 26 9. <b>Franchise Tax Overpaid</b> - If the sum of Line 6 plus 7 is more than Line 5, enter difference here and on Page 2, Line 26	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>Holding Company Exception</b> <i>(See instructions)</i>  <input type="radio"/> </div>	1. _____ .00 2. _____ .00 3. _____ .00 4. _____ .00 5. _____ .00 6. _____ .00 7. _____ .00 8. \$ _____ .00 9. _____ .00
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<b>(B)</b>	<b>Computation of Corporate Income Tax</b>	10. <b>Shareholders' Shares of Corporation Income (Loss)</b> <i>(From Schedule H, Line 11 or Federal Schedule K, Lines 1-10)</i> 11. <b>Adjustments to Corporation Income (Loss)</b> <i>(From Schedule I, Line 3)</i> 12. <b>N.C. Taxable Income</b> Add Lines 10 and 11 13. <b>Nonapportionable Income</b> <i>(From Schedule N, Line 1)</i> 14. <b>Apportionable Income</b> Line 12 minus Line 13 15. <b>Apportionment Factor</b> - Enter to four decimal places <i>(From Schedule O, Part 1; Part 2 - Line 9; or Part 3)</i> 16. <b>Income Apportioned to N.C.</b> Multiply Line 14 by factor on Line 15 17. <b>Nonapportionable Income Allocated to N.C.</b> <i>(From Schedule N, Line 2)</i> 18. <b>Total Net Taxable Income</b> - Add Lines 16 and 17 <i>(Composite filers complete Lines 19 - 23; all others skip to Line 22)</i> 19. <b>Amount of Line 18 Attributable to Nonresidents Filing Composite</b> 20. <b>Separately Stated Items of Income Attributable to Nonresidents Filing Composite</b> <i>(See instructions)</i>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">                 If amount on Line 10-14 or 16-19 is negative, fill in circle.                   Example:  <input checked="" type="radio"/> </div>	<div style="text-align: center;">                   6200106023             </div> 10. <input type="radio"/> _____ .00 11. <input type="radio"/> _____ .00 12. <input type="radio"/> _____ .00 13. <input type="radio"/> _____ .00 14. <input type="radio"/> _____ .00 15. _____ % 16. <input type="radio"/> _____ .00 17. <input type="radio"/> _____ .00 18. <input type="radio"/> _____ .00 19. <input type="radio"/> _____ .00 20. _____ .00
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Legal Name \_\_\_\_\_ FEIN \_\_\_\_\_

**Computation of Corporate Income Tax**

<p><b>21. North Carolina Income Tax</b> - Add Lines 19 and 20; multiply the sum by 5.25% (.0525) <span style="float: right;">▶ 21.</span></p> <p><b>22. Payments and Credits</b> <i>When filing an amended return, see instructions.</i></p> <p>a. Income Tax Extension (From Form CD-419, Line 10) <span style="float: right;">▶ 22a.</span></p> <p>b. Other Prepayments of Tax <span style="float: right;">▶ 22b.</span></p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p><i>On Lines 22c through 22e, enter only the amounts attributable to nonresidents filing composite.</i></p> </div> <p>c. Partnership (If a partnership payment is taken on Line 22c, a copy of Form D-403 NC K-1 <b>MUST</b> be attached.) <span style="float: right;">▶ 22c.</span></p> <p>d. Nonresident Withholding (Include copy of 1099 or W-2) <span style="float: right;">▶ 22d.</span></p> <p>e. Tax Credits (From Form CD-425, Part 4, Line 30) (If a tax credit is taken on Line 22e, Form CD-425 <b>MUST</b> be attached.) <span style="float: right;">▶ 22e.</span></p> <p><b>23. Add Lines 22a through 22e</b> <span style="float: right;">23.</span></p> <p><b>24. Income Tax Due</b> - If Line 23 is less than Line 21, enter difference here and on Line 27 <span style="float: right;">24. \$</span></p> <p><b>25. Income Tax Overpaid</b> - If Line 23 is more than Line 21, enter difference here and on Line 27 <span style="float: right;">▶ 25.</span></p>		<p>_____ .00</p>
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**(B)**

**Tax Due or Refund**

<p><b>26. Franchise Tax Due or Overpayment</b> (From Schedule A, Line 8 or 9) <span style="float: right;">26. ○</span></p> <p><b>27. Income Tax Due or Overpayment</b> (From Schedule B, Line 24 or 25) <span style="float: right;">27. ○</span></p> <p><b>28. Balance of Tax Due or Overpayment</b> Add (or subtract) Lines 26 and 27 <span style="float: right;">28. ○</span></p> <p><b>29. a. Interest</b> <span style="float: right;">▶ 29a.</span></p> <p><b>b. Penalties</b> <span style="float: right;">▶ 29b.</span></p> <p>c. Add Lines 29a and 29b and enter the total on Line 29c <span style="float: right;">29c.</span></p> <p><b>30. Total Due</b> - Add Lines 28 and 29c and enter result here, but not less than zero. If less than zero, enter amount on Line 31. <i>Pay your tax online. See instructions.</i> <span style="float: right;">30.</span></p> <p><b>31. Amount to be Refunded</b> <span style="float: right;">▶ 31.</span></p>	<p>_____ .00</p>
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If amount on Line 26-28 is an overpayment fill in circle.  
Example: ●

**Pay in U.S. Currency From a Domestic Bank**

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.

Signature and Title of Officer: \_\_\_\_\_ Date \_\_\_\_\_ Corporate Phone Number (Include area code) ▶ \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

<p><b>PAID PREPARER USE ONLY</b></p> <p>If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.</p> <p>Preparer's FEIN, SSN, or PTIN _____</p> <p>Preparer's Contact Phone Number (Include area code) _____</p> <p>Signature of Paid Preparer: _____ Date _____</p>	<p>Fill in applicable circle: ○ FEIN ○ SSN ○ PTIN</p>
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**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.**

**C 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. <b>Net Worth</b> 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. <input type="text" value=""/> .00

**D Investment in N.C. Tangible Property**

1. Total value of inventories located in N.C. <input type="radio"/> FIFO <input type="radio"/> Lower of cost or market <input type="radio"/> Other _____ <small>(LIFO valuation not permitted)</small>	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. <b>Investment in N.C. Tangible Property</b> Line 5 minus Lines 6 and 7; enter amount here and on Schedule A, Line 2	8. <input type="text" value=""/> .00

**E Appraised Value of N.C. Tangible Property**

1. Total appraised value of all N.C. tangible property, including motor vehicles <small>(If tax year ends December 31, 2020 through September 30, 2021, enter the appraised county tax value of all real and tangible property located in N.C. as of January 1, 2020, including any motor vehicles assessed during the tax year. Otherwise, enter value as of January 1, 2021.)</small>	1. _____ .00
2. <b>Appraised Value of N.C. Tangible Property</b> Multiply Line 1 by 55%; enter here and on Schedule A, Line 3	2. <input type="text" value=""/> .00

**F 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? \_\_\_\_\_  
Were the adjustments reported to N.C.?  Yes  No If so, when? \_\_\_\_\_

6. 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?  Yes (Attach detailed explanation)  No

7. If corporation is a Qualified Subchapter S Subsidiary, enter parent's name and FEIN below, and attach a schedule of affiliates.  
Parent Name \_\_\_\_\_ FEIN \_\_\_\_\_  
If corporation is the Parent of a Qualified Subchapter S Subsidiary, attach a schedule of affiliates.

**Ⓒ Ordinary Income (Loss) from Trade or Business Activities**

*(Complete this schedule only 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 <i>(Line 1a minus Line 1b)</i>	_____	.00
2. Cost of goods sold <i>(Attach schedule)</i>	_____	.00
3. Gross profit <i>(Line 1c minus Line 2)</i>	_____	.00
4. Net gain (loss) <i>(Attach schedule)</i>	_____	.00
5. Other income (loss) <i>(Attach schedule)</i>	_____	.00
<b>6. Total Income (Loss)</b> Add Lines 3 through 5	_____	.00
7. Compensation of officers <i>(Attach schedule, including addresses)</i>	_____	.00
8. Salaries and wages <i>(Less employment credits)</i>	_____	.00
9. Repairs and maintenance	_____	.00
10. Bad debts	_____	.00
11. Rents	_____	.00
12. Taxes and licenses	_____	.00
13. Interest	_____	.00
14. a. Depreciation _____		
b. Depreciation included in cost of goods sold _____		
c. Balance <i>(Line 14a minus 14b)</i>	_____	.00
15. Depletion	_____	.00
16. Advertising	_____	.00
17. Pension, profit-sharing, and similar plans	_____	.00
18. Employee benefit programs	_____	.00
19. Other deductions <i>(Attach schedule)</i>	_____	.00
<b>20. Total Deductions</b> Add the amounts shown in the far right column for Lines 7 through 19	_____	.00
<b>21. Ordinary Business Income (Loss)</b> Line 6 minus Line 20; enter amount here and on Schedule H, Line 1	<input type="text" value=""/>	.00

**Ⓗ Computation of Income (Loss)**

1. Ordinary business income (loss)	_____	.00
2. Net rental real estate income (loss)	_____	.00
3. Other net rental income (loss)	_____	.00
4. Interest income	_____	.00
5. Ordinary dividends	_____	.00
6. Royalties <i>(Attach Schedule)</i>	_____	.00
7. Net short-term capital gain (loss)	_____	.00
8. Net long-term capital gain (loss)	_____	.00
9. Net section 1231 gain (loss)	_____	.00
10. Other income (loss) <i>(Attach schedule)</i>	_____	.00
<b>11. Total Income (Loss)</b> Add Lines 1 through 10 and enter amount here and on Schedule B, Line 10	<input type="text" value=""/>	.00

**Ⓘ Adjustments to Income (Loss)**

<b>1. Additions to Federal Adjusted Gross Income (Loss):</b> <i>(From Form NC-PE, Part A, Total Additions) (Attach Form NC-PE)</i>	_____	.00
<b>2. Deductions from Federal Adjusted Gross Income (Loss):</b> <i>(From Form NC-PE, Part B, Total Deductions) (Attach Form NC-PE)</i>	_____	.00
<b>3. Adjustments to Income (Loss)</b> Line 1 minus Line 2; enter result here and on Schedule B, Line 11	<input type="text" value=""/>	.00

**Ⓙ Explanation of Changes for Amended Return**

_____
_____
_____
_____
_____

**Shareholders' Pro Rata Share Items**

	Shareholder 1	Shareholder 2	Shareholders' Total
1. Identifying Number	<input type="text"/>	<input type="text"/>	
2. Name	<input type="text"/>	<input type="text"/>	
3. a. Address	<input type="text"/>	<input type="text"/>	
b. Is shareholder a nonresident?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
4. Percentage of ownership	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
5. Share of income (loss) <i>(From Schedule H, Line 11)</i>	<input type="text"/>	<input type="text"/>	
6. Additions to income (loss) <i>(From Schedule I, Line 1)</i>	<input type="text"/>	<input type="text"/>	
7. Deductions from income (loss) <i>(From Schedule I, Line 2)</i>	<input type="text"/>	<input type="text"/>	
8. Income subject to N.C. tax Add (subtract) Lines 5, 6, and 7	<input type="text"/>	<input type="text"/>	
9. Share of tax credits <i>(See instructions)</i>	<input type="text"/>	<input type="text"/>	
10. Share of tax withheld from nonwage compensation	<input type="text"/>	<input type="text"/>	
11. Amount of Line 8 apportioned or allocated to N.C. (nonresidents only)	<input type="text"/>	<input type="text"/>	
12. Separately stated items of income (nonresidents only)	<input type="text"/>	<input type="text"/>	
13. Net tax paid for shareholder by corporation (nonresidents only)	<input type="text"/>	<input type="text"/>	
14. Is the corporation filing a Nonresident Shareholder Agreement, Form NC-NA, for this shareholder with this return?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
15. Has the corporation filed a Nonresident Shareholder Agreement, Form NC-NA, for this shareholder in a previous tax year?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
If yes, what tax year? <i>(Enter tax year end date)</i>	<input type="text"/> (MM-DD-YY)	<input type="text"/> (MM-DD-YY)	

<b>Assets</b>		<b>Beginning of Tax Year</b>		<b>End of Tax Year</b>	
<b>Ⓛ Balance Sheet per Books</b>	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 <i>(Attach end of year schedule)</i>				
	7. Loans to shareholders				
	8. Mortgage and real estate loans				
	9. Other investments <i>(Attach end of year schedule)</i>				
	10. a. Buildings and other depreciable assets				
	b. Less accumulated depreciation	(            )		(            )	
	11. a. Depletable assets				
	b. Less accumulated depletion	(            )		(            )	
12. Land <i>(net of any amortization)</i>					
13. a. Intangible assets <i>(amortizable only)</i>					
b. Less accumulated amortization	(            )		(            )		
14. Other assets <i>(Attach end of year schedule)</i>					
15. <b>Total Assets</b>					
<b>Liabilities and Shareholders' Equity</b>					
16. Accounts payable					
17. Mortgages, notes, and bonds payable in less than 1 year					
18. Other current liabilities <i>(Attach end of year schedule)</i>					
19. Loans from shareholders					
20. Mortgages, notes, and bonds payable in 1 year or more					
21. Other liabilities <i>(Attach end of year schedule)</i>					
22. Capital stock					
23. Additional paid-in capital					
24. Retained earnings					
25. Adjustments to shareholders' equity <i>(Attach end of year schedule)</i>					
26. Less cost of treasury stock		(            )		(            )	
27. <b>Total Liabilities and Shareholders' Equity</b>					
<b>M-1 Federal Schedule</b>	1. Net income (loss) per books			5. Income recorded on books this year not included on Federal Schedule K, Lines 1 through 10 <i>(itemize)</i> :	
	2. Income included on Federal Schedule K, Lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9 and 10 not recorded on books this year <i>(itemize)</i> :			Tax-exempt interest \$ _____	
	3. Expenses recorded on books this year not included on Federal Schedule K, Lines 1 through 12, and 14i <i>(itemize)</i> :			6. Deductions included on Federal Schedule K, Lines 1 through 12, and 14i not charged against book income this year <i>(itemize)</i> :	
	a. Depreciation \$ _____			Depreciation \$ _____	
b. Travel and entertainment \$ _____			7. Add Lines 5 and 6		
4. Add Lines 1 through 3			8. Income (Loss) (Federal Schedule K, Line 18) Line 4 minus Line 7		
<b>M-2 Analysis of N.C. AAA</b>		N.C. Accumulated Adjustments	N.C. Other Adjustments	Undistributed income previously taxed	
	1. Balance at beginning of year				
	2. Ordinary income from Schedule G, Line 21				
	3. Other additions				
	4. Loss from Schedule G, Line 21	(            )			
	5. Other reductions	(            )	(            )		
	6. Combine Lines 1 through 5				
	7. Distributions other than dividend distributions				
8. Balance at end of tax year <i>(Line 6 minus Line 7)</i>					

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.

<b>1. Nonapportionable Income</b> (Enter the total of Column D here and on Schedule B, Line 13)	.00	
<b>2. Nonapportionable Income Allocated to N.C.</b> (Enter the total of Column E here and on Schedule B, Line 17)		.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.** 100.0000 %  
Enter 100% on Schedule B, Line 15 and Schedule C, Line 8

**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.*

- 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)

1. Within North Carolina	2. Total Everywhere

**9. N.C. Apportionment Factor** %  
(Divide Line 8 Column 1 by Line 8 Column 2; enter the factor here, on Schedule B, Line 15, 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 15, 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.)