


For calendar year **2023** or other tax year beginning (MM-DD) \_\_\_\_\_ **23** and ending (MM-DD-YY) \_\_\_\_\_

DOR  
Use  
Only

<p><b>Legal Name</b> (First 35 Characters)(USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)</p> <p>_____</p> <p><b>Address</b></p> <p>_____</p> <p><b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____</p>	<p><b>Federal Employer ID Number</b></p> <p>_____</p> <p><b>Secretary of State ID</b> _____ <b>NAICS Code</b> _____</p> <p><b>Gross Receipts / Sales</b></p> <p>_____ .00</p> <p><b>Total Assets per Balance Sheet</b></p> <p>_____ .00</p>												
<p>Fill in all applicable circles:</p> <table style="width:100%;"> <tr> <td><input type="radio"/> <b>Initial Return</b></td> <td><input type="radio"/> <b>Captive REIT</b></td> <td><input type="radio"/> <b>NC-Rehab is attached</b></td> </tr> <tr> <td><input type="radio"/> <b>Final Return</b></td> <td><input type="radio"/> <b>Tax Exempt</b></td> <td><input type="radio"/> <b>NC-478 is attached</b></td> </tr> <tr> <td><input type="radio"/> <b>Short Year Return</b></td> <td><input type="radio"/> <b>Non U.S./Foreign</b></td> <td><input type="radio"/> <b>Has Escheatable Property</b></td> </tr> <tr> <td><input type="radio"/> <b>Amended Return</b></td> <td><input type="radio"/> <b>Combined Return (Approved Taxpayers Only)</b></td> <td></td> </tr> </table>	<input type="radio"/> <b>Initial Return</b>	<input type="radio"/> <b>Captive REIT</b>	<input type="radio"/> <b>NC-Rehab is attached</b>	<input type="radio"/> <b>Final Return</b>	<input type="radio"/> <b>Tax Exempt</b>	<input type="radio"/> <b>NC-478 is attached</b>	<input type="radio"/> <b>Short Year Return</b>	<input type="radio"/> <b>Non U.S./Foreign</b>	<input type="radio"/> <b>Has Escheatable Property</b>	<input type="radio"/> <b>Amended Return</b>	<input type="radio"/> <b>Combined Return (Approved Taxpayers Only)</b>		
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<input type="radio"/> <b>Amended Return</b>	<input type="radio"/> <b>Combined Return (Approved Taxpayers Only)</b>												
<p><b>Federal Extension</b> Were you granted an automatic extension to file your 2023 federal income tax return (Form 1120)? <input type="radio"/> Yes <input type="radio"/> No</p>													

**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 37. See instructions for information about the Fund.

<b>(A)</b>	<b>Computation of Franchise Tax</b>	<p><b>1. Net Worth</b> (From Schedule C, Line 9) <span style="float: right;"><b>Holding Company Exception</b> (See instructions) <input type="radio"/></span></p> <p>_____ ▶ 1. _____ .00</p> <p><b>2. Total Franchise Tax Due</b> Multiply Line 1 by .0015 (\$1.50 per \$1,000.00 - minimum \$200.00)</p> <p>_____ ▶ 2. _____ .00</p> <p><b>3. Payment with Franchise Tax Extension</b> (From Form CD-419, Line 9) When filing an amended return, see instructions.</p> <p>_____ ▶ 3. _____ .00</p> <p><b>4. Tax Credits</b> (From Form CD-425, Part 2, Line 14) If a tax credit is taken on Line 4, Form CD-425 <b>MUST</b> be attached.</p> <p>_____ ▶ 4. _____ .00</p> <p><b>5. Franchise Tax Due</b> - If the sum of Line 3 plus 4 is less than Line 2, enter difference here and on Page 2, Line 28</p> <p>\$ _____ ▶ 5. _____ .00</p> <p><b>6. Franchise Tax Overpaid</b> - If the sum of Line 3 plus 4 is more than Line 2, enter difference here and on Page 2, Line 28</p> <p>_____ ▶ 6. _____ .00</p>	
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<b>(B)</b>	<b>Computation of Corporate Income Tax</b>	<p><b>7. Federal Taxable Income Before NOL</b> (From Schedule G, Line 30 or Federal Form 1120, Line 28 minus 29b) <span style="float: right;">If amount on Line 7-9, 11-13, or 15-17 is negative, fill in circle. Example: ●</span></p> <p>_____ ▶ 7. <input type="radio"/> _____ .00</p> <p><b>8. Adjustments to Federal Taxable Income</b> (From Schedule H, Line 5)</p> <p>_____ ▶ 8. <input type="radio"/> _____ .00</p> <p><b>9. Net Income Before Contributions</b> Add Lines 7 and 8</p> <p>_____ ▶ 9. <input type="radio"/> _____ .00</p> <p><b>10. Contributions to Donees Outside N.C.</b> (From Schedule I, Line 1c)</p> <p>_____ ▶ 10. _____ .00</p> <p><b>11. N.C. Taxable Income</b> Line 9 minus Line 10</p> <p>_____ ▶ 11. <input type="radio"/> _____ .00</p> <p><b>12. Nonapportionable Income</b> (From Schedule N, Line 1)</p> <p>_____ ▶ 12. <input type="radio"/> _____ .00</p> <p><b>13. Apportionable Income</b> Line 11 minus Line 12</p> <p>_____ ▶ 13. <input type="radio"/> _____ .00</p> <p><b>14. Apportionment Factor</b> - Enter to four decimal places (From Schedule O, Part 1; Part 2 - Line 9 or Part 3)</p> <p>_____ ▶ 14. _____ %</p> <p><b>15. Income Apportioned to N.C.</b> Multiply Line 13 by factor on Line 14</p> <p>_____ ▶ 15. <input type="radio"/> _____ .00</p> <p><b>16. Nonapportionable Income Allocated to N.C.</b> (From Schedule N, Line 2)</p> <p>_____ ▶ 16. <input type="radio"/> _____ .00</p> <p><b>17. Income Subject to N.C. Tax</b> Add Lines 15 and 16</p> <p>_____ ▶ 17. <input type="radio"/> _____ .00</p> <p><b>18. Percentage Depletion over Cost Depletion on N.C. Property</b> (See Instructions)</p> <p>_____ ▶ 18. _____ .00</p>	 <p>6300106025</p>
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Computation of Corporate Income Tax

**19. State Net Loss** (Attach schedule) ▶ 19. \_\_\_\_\_ .00

**20. Income Before Contributions to N.C. Donees**  
Line 17 minus Lines 18 and 19 ▶ 20.  \_\_\_\_\_ .00

**21. Contributions to N.C. Donees**  
(From Schedule I, Line 2e) ▶ 21. \_\_\_\_\_ .00

**22. Net Taxable Income**  
Line 20 minus Line 21 ▶ 22.  \_\_\_\_\_ .00

**23. N.C. Net Income Tax**  
Multiply Line 22 by 2.5% ▶ 23. \_\_\_\_\_ .00

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

a. Income Tax Extension (From Form CD-419, Line 10) ▶ 24a. \_\_\_\_\_ .00

b. 2023 Estimated Tax ▶ 24b. \_\_\_\_\_ .00

c. Partnership (If a partnership payment is taken on Line 24c, a copy of Form D-403 NC K-1 **MUST** be attached.) ▶ 24c. \_\_\_\_\_ .00

d. Nonresident Withholding (Include copy of 1099 or W-2) ▶ 24d. \_\_\_\_\_ .00

e. Tax Credits (From Form CD-425, Part 4, Line 30) ▶ 24e. \_\_\_\_\_ .00  
If a tax credit is taken on Line 24e, Form CD-425 **MUST** be attached.

**25. Add Lines 24a through 24e** ▶ 25. \_\_\_\_\_ .00

**26. Income Tax Due** - If Line 25 is less than Line 23, enter difference here and on Line 29, below ▶ 26. \$ \_\_\_\_\_ .00

**27. Income Tax Overpaid** - If Line 25 is more than Line 23, enter difference here and on Line 29, below ▶ 27. \_\_\_\_\_ .00

If amount on Line 20 or 22 is negative fill in circle.  
Example:



Tax Due or Refund

**28. Franchise Tax Due or Overpayment** (From Schedule A, Line 5 or 6) ▶ 28.  \_\_\_\_\_ .00

**29. Income Tax Due or Overpayment** (From Schedule B, Line 26 or 27) ▶ 29.  \_\_\_\_\_ .00

**30. Balance of Tax Due or Overpayment**  
Add (or subtract) Lines 28 and 29 ▶ 30.  \_\_\_\_\_ .00

**31. Underpayment of Estimated Income Tax**  
(Enter letter in exceptions box, if applicable. See instructions.) ▶ 31. \_\_\_\_\_ .00

**32. a. Interest** ▶ \_\_\_\_\_ .00 **b. Penalties** ▶ \_\_\_\_\_ .00

**32c.** (Add Lines 32a and 32b and enter the total on Line 32c) ▶ \_\_\_\_\_ .00

**33. Total Due** - Add Lines 30, 31, and 32c and enter result here, but not less than zero. If less than zero, enter amount on Line 34. **Pay in U.S. Currency From a Domestic Bank** ▶ 33. \_\_\_\_\_ .00

**34. Overpayment** ▶ 34. \_\_\_\_\_ .00

**35. Amount of Line 34 applied to 2024 Estimated Income Tax** ▶ 35. \_\_\_\_\_ .00

**36. Amount of Line 34 contributed to N.C. Nongame and Endangered Wildlife Fund** ▶ 36. \_\_\_\_\_ .00

**37. Amount of Line 34 contributed to N.C. Education Endowment Fund** ▶ 37. \_\_\_\_\_ .00

**38. Amount to be Refunded**  
Line 34 minus Lines 35, 36, and 37 ▶ 38. \_\_\_\_\_ .00

If amount on Line 28, 29, and 30 is an overpayment fill in circle.  
Example:

Exception to Underpayment of Estimated Tax

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.

**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

**(C) Net Worth**

1. Total assets <i>(See instructions for definition)</i>	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 <i>(Attach Schedule)</i>	4. _____ .00
5. Line 3 minus Line 4	5. _____ .00
6. Affiliated indebtedness <i>(Attach schedule)</i> _____ _____	6. _____ .00
7. Line 5 plus (or minus) Line 6	7. _____ .00
8. Apportionment factor <i>(From Schedule O, Part 1; Part 2 - Line 9; or Part 3)</i>	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. <span style="border: 1px solid black; padding: 2px;">_____</span> .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? \_\_\_\_\_
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
<b>11. Total Income</b> 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	_____	.00
26. Other deductions (Attach schedule)	_____	.00
<b>27. Total Deductions</b> Add Lines 12 through 26	_____	.00
<b>28. Taxable Income per Federal Return Before NOL and Special Deductions</b> Line 11 minus Line 27	_____	.00
<b>29. Special Deductions</b> (From Federal Form 1120, Line 29b)	_____	.00
<b>30. Federal Taxable Income Before NOL</b> Line 28 minus Line 29; enter amount here and on Schedule B, Line 7	_____	.00

**Ⓓ Adjustments to Federal Taxable Income**

<b>1. Additions:</b>		
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
<b>2. Total Additions</b> (Add Lines 1a-1h)	_____	.00
<b>3. Deductions:</b>		
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
<b>4. Total Deductions</b> (Add Lines 3a-3g)	_____	.00
<b>5. Adjustments to Federal Taxable Income</b> Line 2 minus Line 4, enter amount here and on Schedule B, Line 8	_____	.00

**Ⓔ Contributions**

<b>1. Contributions to Donees Outside N.C.</b>	
a. Enter total contributions to donees outside N.C.	_____ .00
b. Multiply the amount shown on Schedule B, Line 9 by 5% if Line 9 is greater than zero. Otherwise, enter zero here.	_____ .00
<b>c. Amount Deductible</b> Enter the lesser of Line 1a or 1b here and on Schedule B, Line 10	_____ .00
<b>2. Contributions to N.C. Donees</b>	
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 20 by 5% if Line 20 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
<b>e. Amount Deductible</b> Add Lines 2c and 2d; enter total here and on Schedule B, Line 21	_____ .00

**Ⓕ Explanation of Changes for Amended Return**

Attach additional sheets if necessary


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



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 12) .00

2. **Nonapportionable Income Allocated to N.C.** (Enter the total of Column E here and on Schedule B, Line 16) .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 14 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. 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. <b>Total</b> (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 14, 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 14, 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.)