

NC K-1 CD-401S

Shareholder's Share of North Carolina Income, Adjustments, and Credits

DOR
Use
Only

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

Part 1. Information about the Corporation	Part 2. Information about the Shareholder
A. Corporation's Employer Identification Number	A. Shareholder's Identifying Number
B. Corporation's Name, Address, and Zip Code	B. Shareholder's Name, Address, and Zip Code
C. Is the S Corporation a Taxed S Corporation? <input type="radio"/> Yes <input type="radio"/> No	C. Shareholder's percentage of stock ownership for tax year _____ %

Part 3. Shareholder's Pro Rata Share Items	Amount	Individuals Filing Form D-400 Enter Amount on:
All Shareholders		
1. Share of corporation income (loss) <i>(From Form CD-401S, Schedule K, Line 5)</i>	<input type="text"/>	This amount should already be included in federal taxable income
2. Additions to income (loss) <i>(From Form CD-401S, Schedule K, Line 6)</i>	<input type="text"/>	D-400 Schedule S, Part A
3. Deductions from income (loss) <i>(From Form CD-401S, Schedule K, Line 7)</i>	<input type="text"/>	D-400 Schedule S, Part B
4. Share of tax credits <i>(From Form CD-401S, Schedule K, Line 9)</i>	<input type="text"/>	Form D-400TC; see Form D-400 Instructions
5. Share of tax withheld from nonwage compensation paid for personal services performed in N.C. <i>(From Form CD-401S, Schedule K, Line 10)</i>	<input type="text"/>	Form D-400, Line 20

Nonresidents Only		
6. Nonresident's share of income or loss attributable to North Carolina <i>(From Form CD-401S, Schedule K, Line 11)</i>	<input type="text"/>	See Form D-400 Instructions
7. Nonresident's share of separately stated items of income <i>(From Form CD-401S, Schedule K, Line 12)</i>	<input type="text"/>	This amount should already be included in federal taxable income
8. Nonresident's share of net tax paid by the S Corporation <i>(From Form CD-401S, Schedule K, Line 13)</i>	<input type="text"/>	Form D-400, Line 21d

S Corporation's Name (First 10 Characters)	Federal Employer ID Number
_____	_____

Shareholder's Name (First 10 Characters)	Identifying Number
_____	_____

Part 3. Shareholder's Pro Rata Share Items	Amount	Individuals Filing Form D-400 Enter Amount on:
<p>Taxed S Corporations Only</p> <p>9. Share of Loss Attributable to North Carolina <i>(From Form CD-401S, Schedule K, Line 14)</i></p> <p>10. Share of Income Attributable to North Carolina <i>(From Form CD-401S, Schedule K, Line 15)</i></p>	<div style="border: 1px solid black; height: 25px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 25px;"></div>	<p>Form D-400 Schedule S, Part A <i>(all shareholders)</i> and Form D-400 Schedule PN-1, Column B, Part A <i>(nonresidents only)</i></p> <p>Form D-400 Schedule S, Part B <i>(all shareholders)</i> and Form D-400 Schedule PN-1, Column B, Part B <i>(nonresidents only)</i></p>

Attach additional NC K-1s if needed.