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NCDOR NORTH CAROLINA DEPARTMENT OF REVENUE

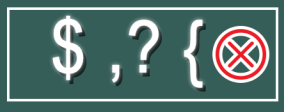
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Guidelines

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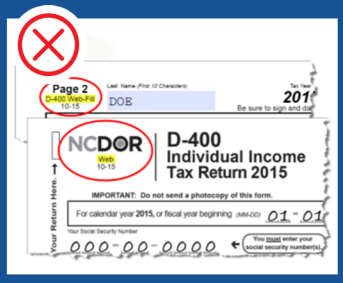


Before You Send

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NCDOR
Web
7-25

CD-405 CW
Combined Corporate Income Tax Worksheet

File with Form CD-405

A corporation MAY NOT FILE a North Carolina combined corporate income tax return without the written permission of the Secretary of Revenue.

For calendar year **2025,** or other tax year beginning ___-___ (MM-DD) - **2 5** and ending ___-___-___ (MM-DD-YY)

DOR Use Only

Principal Member Legal Name

Principal Member Federal Employer ID Number ___-___

Name of Principal Member Last Year *(If different than above)*

Federal Employer ID Number Last Year *(If different than above)* ___-___

Schedule A. Entities Included in Combined Return *(List the name and FEIN of each corporation included in combined return)*

	Name	FEIN	New Member *(Fill in circle)*	If yes, enter the date member entered the group *(MM-DD-YY)*
1.	*(Principal Member)*		○ Yes ○ No	___-___-___
2.			○ Yes ○ No	___-___-___
3.			○ Yes ○ No	___-___-___
4.			○ Yes ○ No	___-___-___
5.			○ Yes ○ No	___-___-___
6.			○ Yes ○ No	___-___-___
7.			○ Yes ○ No	___-___-___
8.			○ Yes ○ No	___-___-___
9.			○ Yes ○ No	___-___-___
10.			○ Yes ○ No	___-___-___

Schedule B. Entities Excluded From Combined Return *(List the name and FEIN of each corporation excluded from combined return. Fill in the circle that corresponds to the reason(s) the entity was excluded from the combined return.)*

	Name	FEIN	Reason(s) for Exclusion					
			Not Unitary	Federal Return Not Required	Insurance Company	S Corp	Entity not taxed as Corp	Other (Attach Explanation)
1.			○	○	○	○	○	○
2.			○	○	○	○	○	○
3.			○	○	○	○	○	○
4.			○	○	○	○	○	○
5.			○	○	○	○	○	○
6.			○	○	○	○	○	○
7.			○	○	○	○	○	○
8.			○	○	○	○	○	○
9.			○	○	○	○	○	○
10.			○	○	○	○	○	○

 Principal Member Name _____ **FEIN** _____

Schedule C. Combined Federal Taxable Income Before NOL	**A** Principal Member Name FEIN	**B** Member Name FEIN	**C** Member Name FEIN	**D** Eliminations between members (attach schedule)	**E** Combined Totals
1. a. Gross receipts or sales					
b. Returns and allowances					
c. Balance *(Line 1a minus Line 1b)*					
2. Cost of goods sold *(Attach schedule)*					
3. Gross Profit *(Line 1c minus Line 2)*					
4. Dividends (*Attach schedule)*					
5. a. Interest on obligations of the US and its instrumentalities					
b. Other interest					
6. Gross rents					
7. Gross royalties *(Attach schedule)*					
8. Capital gain net income *(Attach schedule)*					
9. Net gain (loss) *(Attach schedule)*					
10. Other income *(Attach schedule)*					
11. Total Income *(Add Lines 3 through 10)*					
12. Compensation of officers *(Attach schedule, including addresses)*					
13. Salaries and wages *(Less employment credits)*					
14. Repairs and maintenance					
15. Bad debts					
16. Rents					
17. Taxes and licenses					
18. Interest					
19. Charitable contributions					
20. a. Depreciation					
b. Depreciation included in cost of goods sold					
c. Balance *(Line 20a minus Line 20b)*					
21. Depletion					
22. Advertising					
23. Pension, profit-sharing, and similar plans					
24. Employee benefit programs					
25. Energy efficient commercial buildings *(Attach Form 7205)*					
26. Other deductions *(Attach schedule)*					
27. Total Deductions *(Add Lines 12 through 19, 20c, and 21 through 26)*					
28. Taxable Income *(Line 11 minus Line 27)*					
29. Special Deductions *(From Federal Form 1120, Line 29b)*					
30. Federal Taxable Income Before NOL *(Line 28 minus Line 29. Enter amount from Column E on Form CD-405, Schedule B, Line 7.)*					.00

 Principal Member Name _____ **FEIN** _____

Schedule D. Combined Adjustments to Federal Taxable Income	**A** Principal Member Name FEIN	**B** Member Name FEIN	**C** Member Name FEIN	**D** Eliminations between members (attach schedule)	**E** Combined Totals
1. Additions:					
a. Taxes based on net income					
b. Contributions					
c. Royalties to related members					
d. Net interest expense to related members					
e. Expenses attributable to income not taxed					
f. Bonus depreciation					
g. Section 179 expense deduction					
h. Other *(Attach explanation or schedule)*					
2. Total Additions *(Add Lines 1a-1h)*					
3. Deductions:					
a. U.S. obligation interest *(net of expenses)* *(Attach schedule)*					
b. Other deductible dividends					
c. Royalties from related members					
d. Qualified interest expense to related members					
e. Bonus depreciation					
f. Section 179 expense deduction					
g. Other *(Attach explanation or schedule)*					
4. Total Deductions *(Add Lines 3a-3g)*					
5. Combined Adjustments to Federal Taxable Income *(Line 2 minus Line 4. Enter amount from Column E on Form CD-405, Schedule B, Line 8.)*					.00

 Principal Member Name _____ **FEIN** _____

Schedule E. Combined Apportionment Factor *(Only one apportionment factor is to be calculated for the combined group. The standard apportionment factor formula must be used unless more than 50% of the group's combined income subject to apportionment is generated from a business activity subject to special apportionment. In that case, the formula applicable to that industry is used to apportion the income of the entire group. See Schedule E, Part 2. The apportionment factor **must be calculated 4 places** to the right of the decimal.)*

Part 1. Standard Apportionment Factor	**A** Principal Member Name FEIN	**B** Member Name FEIN	**C** Member Name FEIN	**D** Eliminations between members (attach schedule)	**E** Combined Totals
1. a. Gross Receipts Subject to Apportionment - North Carolina					
b. Gross Receipts Subject to Apportionment - Everywhere					
2. a. Gross Rents Subject to Apportionment - North Carolina					
b. Gross Rents Subject to Apportionment - Everywhere					
3. a. Gross Royalties Subject to Apportionment - North Carolina					
b. Gross Royalties Subject to Apportionment - Everywhere					
4. a. Dividends Subject to Apportionment - North Carolina					
b. Dividends Subject to Apportionment - Everywhere					
5. a. Interest Subject to Apportionment - North Carolina					
b. Interest Subject to Apportionment - Everywhere					
6. a. Other Apportionable Income - North Carolina					
b. Other Apportionable Income - Everywhere					
7. a. Share of Receipts from Noncorporate Entities Subject to Apportionment - North Carolina					
b. Share of Receipts from Noncorporate Entities Subject to Apportionment - Everywhere					
8. a. Total - North Carolina *(Add Lines 1a, 2a, 3a, 4a, 5a, 6a, and 7a for each column)*					
b. Total - Everywhere *(Add Lines 1b, 2b, 3b, 4b, 5b, 6b, and 7b for each column)*					
9. North Carolina Combined Apportionment Factor *(Divide Line 8a by Line 8b; enter the factor here, and on Form CD-405, Schedule B, Line 14.)*					_ _ _ . _ _ _ _ %

Schedule E. Combined Apportionment Factor *(continued)*

Part 2. 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 and on Form CD-405, Schedule B, Line 14. 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.)*

_ _ _ . _ _ _ _ %

Schedule F. Schedule of Payments Made by Each Member of the Combined Group	**A** Principal Member Name / FEIN	**B** Member Name / FEIN	**C** Member Name / FEIN		**E** Combined Totals
1. First estimated tax payment *(From Form CD-429)*					
2. Second estimated tax payment *(From Form CD-429)*					
3. Third estimated tax payment *(From Form CD-429)*					
4. Fourth estimated tax payment *(From Form CD-429)*					
5. Overpayment from prior year return *(From 2024 Form CD-405, Line 35)*					
6. Total estimated tax payments *(Add Lines 1 through 5. Enter total on Form CD-405, Schedule B, Line 24b)*					.00
7. Total income tax extension payments. *(From Form CD-419, Line 10)* Add Columns A through C. Enter total on Form CD-405, Schedule B, Line 24a.					.00