

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.”



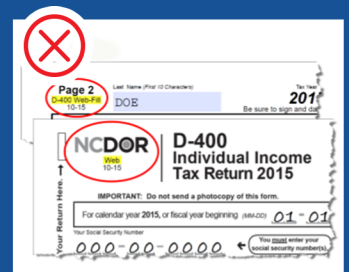
Before You Send



Do not submit
photocopies of returns.
Submit originals only.



Do not mix form types



For calendar year **2025**, or fiscal year beginning (MM-DD) ____ - ____ - **25** and ending (MM-DD-YY) ____ - ____ - ____

Legal Name (USE CAPITAL LETTERS FOR NAME AND ADDRESS)

Legal Name Continued

Federal Employer ID Number

If LLC, Enter N.C. Secretary of State ID

Fill in all applicable circles:

- ☐ Initial Return
☐ Amended Return
☐ Final Return
☐ Short Period
☐ LLC
☐ Nonresident Owners
☐ NC-NPA attached
☐ NC-478 attached
☐ Publicly Traded
☐ NC-PE attached


Address

Apartment Number

City

State

Zip Code

 **N.C. Education Endowment Fund:** A partnership may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of the partnership's overpayment to the Fund. To make a contribution, enclose Form NC-EDU and the partnership's payment of \$ _____. To designate the partnership's overpayment to the Fund, enter the amount of the partnership's designation on Line 26 on Page 2. (See instructions for information about the Fund.)

Taxed Partnership: Is the partnership making the election to be a Taxed Partnership for tax year 2025? ☐ Yes ☐ No

Federal Extension Was the partnership granted an automatic extension to file its 2025 federal income tax return (Form 1065)? ☐ Yes ☐ No

Part 1. Informational Return and Tax Due for Nonresident Partners and Taxed Partnership

<p>1. Income (Loss) (From Part 6, Line 12, or Federal Form 1065, Schedule K, add Lines 1-11) ►</p>	<p>1. <input type="radio"/> _____ .00</p>
<p>2. Guaranteed Payments to Partners</p>	<p>2. _____ .00</p>
<p>3. Subtract Line 2 from Line 1</p>	<p>3. <input type="radio"/> _____ .00</p>
<p>4. Additions to Income (Loss) (From Form NC-PE, Part A, Line 16)</p>	<p>4. _____ .00</p>
<p>5. Add Lines 3 and 4</p>	<p>5. <input type="radio"/> _____ .00</p>
<p>6. Deductions from Income (Loss) (From Form NC-PE, Part B, Line 41)</p>	<p>6. _____ .00</p>
<p>7. Net Distributive Partnership Income (Loss) (Line 5 minus Line 6)</p>	<p>7. <input type="radio"/> _____ .00</p>
<p>8. Nonapportionable Net Distributive Partnership Income (Loss) (From Part 3, Line 1)</p>	<p>8. <input type="radio"/> _____ .00</p>
<p>9. Apportionable Net Distributive Partnership Income (Loss) (Line 7 minus Line 8)</p>	<p>9. <input type="radio"/> _____ .00</p>
<p>10. Nonapportionable Net Distributive Partnership Income (Loss) Allocated to N.C. (From Part 3, Line 2)</p>	<p>10. <input type="radio"/> _____ .00</p>

If amount on
Line 1, 3, 5,
7, 8, 9, or 10
is negative,
fill in circle.

Example:



Legal Name (First 10 Characters)

Federal Employer ID Number

If the partnership has nonresident partners or if the partnership is a Taxed Partnership, complete Lines 11 through 13. Otherwise, skip to Line 14.

11. Tax Due for Nonresident Partners and Taxed Partnership
(Add Partners' Total from Part 4, Line 18 and Part 4, Line 25)

▶ 11. .00

12. Tax Credits Taken by Nonresident Partners and Taxed Partnership
(Add Partners' Total from Part 4, Line 19 and Part 4, Line 26)

▶ 12. .00

13. Net Tax Due for Nonresident Partners and Taxed Partnership
(Add Partners' Total from Part 4, Line 20 and Part 4, Line 27)

▶ 13. .00

14. Payments (Add Lines 14a through 14d. Enter total on Line 14e)

14a. Extension

▶ .00

14b. Other Partnerships

▶ .00

14c. Withholding from Services

▶ .00

14d. Other
(Include Estimated Tax Payments)

▶ .00

14e. .00

15. Additional Payments (Amended Returns Only. See instructions)

15. .00

16. Add Lines 14e and 15

16. .00

17. Previous Refunds (Amended Returns Only. See instructions)

17. .00

18. Subtract Line 17 from Line 16 (If less than zero, fill in the circle)

18. ☐ .00

19. Tax Due (If Line 18 is less than Line 13, subtract Line 18 from Line 13. Otherwise, go to Line 20)

▶ 19. .00

20. Overpayment Before Penalties and Interest (If Line 18 is greater than Line 13, subtract Line 13 from Line 18)

20. .00

21. a. Penalties

▶ .00

b. Interest

▶ .00

c. Interest on the Underpayment of Estimated Income Tax (Taxed Partnerships Only)

▶ 21c. .00

d. Add Lines 21a through 21c

21d. .00

If Line 21d is greater than zero and you entered an amount on Line 20, compare Line 21d with Line 20. If Line 21d is greater than Line 20, subtract Line 20 from Line 21d and enter result on Line 22. If Line 21d is less than Line 20, subtract Line 21d from Line 20 and enter result on Line 23.

22. Amount Due (Add Lines 19 and 21d)

Pay in U.S. Currency from a Domestic Bank. You can pay online at ncdor.gov.

22. \$.00

23. Overpayment After Penalties and Interest

23. .00

When filing an amended return, see instructions

24. Amount of Line 23 to be applied to 2026 Estimated Income Tax

▶ 24. .00

25. Amount of Line 23 contributed to N.C. Nongame and Endangered Wildlife Fund

▶ 25. .00

26. Amount of Line 23 contributed to N.C. Education Endowment Fund

▶ 26. .00

27. Amount to be Refunded (Subtract Lines 24, 25, and 26 from Line 23)

▶ 27. .00



Exception to
Underpayment
of Estimated Tax



Legal Name (First 10 Characters)

Federal Employer ID Number

Part 2. Apportionment Percentage

Note: Apportionment factors must be calculated 4 places to the right of the decimal.

A. Partnerships Not Apportioning Income Outside North Carolina

Enter 100% on Part 4, Line 12 for each partner.

100.0000 %

B. Partnerships Apportioning Income Outside North Carolina

	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 and enter the factor here and on Part 4, Line 12 for each partner)

%

C. Special Apportionment Formulas

Special apportionment formulas apply to certain types of entities such as banks, wholesale content distributors, electric power companies, air transportation companies, water transportation companies, pipeline companies, and railroad companies. If the partnership uses a special apportionment formula, enter the computed apportionment factor here and on Part 4, Line 12 for each partner. 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.)

%

Part 3. Nonapportionable Net Distributive Partnership Income (Loss)

Complete this schedule if the partnership has income (loss) classified as nonapportionable income (loss). For additional information, see instructions.

(A) Nonapportionable Income (Loss)	(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 (Loss) (Enter the total of Column D here and on Part 1, Line 8)			.00	
2. Nonapportionable Income (Loss) Allocated to N.C. (Enter the total of Column E here and on Part 1, Line 10)				.00

Explanation of why income (loss) listed above is nonapportionable income (loss):

(Attach additional sheets if necessary)

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

Legal Name (First 10 Characters)

Federal Employer ID Number

Part 4. Partner Information and Tax Calculation for Nonresident Partners and Taxed Partnerships

(If more than two partners, attach a schedule for each partner. Only one Partners' Total is needed.)

A. Partners' Shares of Income, Adjustments, Tax Credits, and Other Items (To be completed by all partnerships for each partner.)

	Partner 1	Partner 2	Partners' Total
1. Identifying number			
2. Name			
3. Address			
4. Partner's share percentage	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
5. Type of partner (Ex: Ind., Corp., Part.)			
6. Additions to income (loss) (To Form NC K-1, Line 2)			
7. Deductions from income (loss) (To Form NC K-1, Line 3)			
8. Tax credits (To Form NC K-1, Line 4) Note: Enter an amount on Line 8 only if the partner can claim the tax credit. If a Taxed Partnership can claim the tax credit, see Line 23.			
	NC Resident <input type="radio"/> Yes <input type="radio"/> No	NC Resident <input type="radio"/> Yes <input type="radio"/> No	

B. Income Attributable to North Carolina (To be completed by all partnerships for each partner.)

	Partner 1	Partner 2	Partners' Total
9. Guaranteed payments to partners applicable to income on Part 1, Line 9			
10. Partners' share of the amount from Part 1, Line 9			
11. Add Lines 9 and 10			
12. Apportionment percentage from Part 2	<input type="text"/> %	<input type="text"/> %	
13. Multiply Line 11 by Line 12			
14. Guaranteed payments to partners applicable to income on Part 1, Line 10			
15. Partners' share of the amount from Part 1, Line 10			
16. Separately stated items of income attributable to partners			
17. Income Attributable to North Carolina (Add Lines 13 through 16)			

C. Tax Computation for Nonresident Partners (To be completed by all partnerships for each nonresident partner on whose behalf the partnership is required to pay tax.)

	Partner 1	Partner 2	Partners' Total
	NC-NPA Form attached <input type="radio"/> Yes <input type="radio"/> No	NC-NPA Form attached <input type="radio"/> Yes <input type="radio"/> No	
18. Tax due (Multiply Line 17 by 4.25%)			
19. Tax credits taken on behalf of the nonresident partner (From Form D-403TC, Part 3, Line 13)			
20. Net tax due (Line 18 minus Line 19) Important: When filing an amended return, see instructions.			

Important: All partnerships must provide each partner with a NC K-1 for Form D-403 and any other information necessary for the partner to prepare the appropriate North Carolina tax return.

Legal Name (First 10 Characters)	Federal Employer ID Number
<div></div>	<div></div>

D. Partners' Share of Taxed Partnership's Tax Credits (To be completed by all Taxed Partnerships for each partner.)			
Attach other pages if needed.	Partner 1	Partner 2	Partners' Total
21. Identifying number	<div></div>	<div></div>	<div></div>
22. Name	<div></div>	<div></div>	
23. Tax credits (Enter an amount on Line 23 only if the Taxed Partnership can claim the tax credit.)	<div></div>	<div></div>	
E. Tax Computation of Taxed Partnership (To be completed by all Taxed Partnerships for each partner for which the partnership is required to pay tax at the entity level.)			
	Partner 1	Partner 2	Partners' Total
24. Income attributable to North Carolina (Enter the amount from Part 4, Line 17)	<div></div>	<div></div>	<div></div>
25. Tax due (Multiply Line 24 by 4.25%)	<div></div>	<div></div>	<div></div>
26. Tax credits taken by the Taxed Partnership (From Form D-403TC, Part 3, Line 13)	<div></div>	<div></div>	<div></div>
27. Net Tax Due (Line 25 minus Line 26)	<div></div>	<div></div>	<div></div>

Explanation of Changes for Amended Return (Attach additional sheets if necessary)
<div></div>

Legal Name (First 10 Characters)

Federal Employer ID Number

Part 5. Ordinary Business Income (Loss)

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. Ordinary income (loss) from other partnerships, estates, trusts (Attach schedule) _____ .00
 5. Net farm profit (loss) (Attach schedule) _____ .00
 6. Net gain (loss) (Attach schedule) _____ .00
 7. Other income (loss) (Attach schedule) _____ .00
8. Total Income (Loss)
 Add Lines 3 through 7 _____ .00

9. Salaries and wages (other than to partners) (Less employment credits) _____ .00
 10. Guaranteed payments to partners _____ .00
 11. Repairs and maintenance _____ .00
 12. Bad debts _____ .00
 13. Rent _____ .00
 14. Taxes and licenses _____ .00
 15. Interest _____ .00
 16. a. Depreciation _____
 b. Depreciation reported elsewhere on return _____
 c. Balance (Line 16a minus Line 16b) _____ .00
 17. Depletion _____ .00
 18. Retirement plans, etc. _____ .00
 19. Employee benefit programs _____ .00
 20. Energy efficient commercial buildings deduction _____ .00
 21. Other deductions (Attach schedule) _____ .00
22. Total Deductions
 Add the amounts shown in the far right column for Lines 9 through 21 _____ .00

23. Ordinary Business Income (Loss)
 Line 8 minus Line 22; enter amount here and on Part 6, Line 1 _____ .00

Part 6. Partners' Distributive Share Items

1. Ordinary business income (loss) _____ .00
 2. Net rental real estate income (loss) _____ .00
 3. Other net rental income (loss) _____ .00
 4. Guaranteed Payments _____ .00
 5. Interest income _____ .00
 6. Ordinary dividends _____ .00
 7. Royalties _____ .00
 8. Net short-term capital gain (loss) _____ .00
 9. Net long-term capital gain (loss) _____ .00
 10. Net section 1231 gain (loss) _____ .00
 11. Other income (loss) (Attach schedule) _____ .00
12. Total Income (Loss)
 Add Lines 1 through 11; enter amount here and on Part 1, Line 1 _____ .00

Part 7. Adjustments to Income (Loss)

If the partnership is required to add certain North Carolina adjustments to income (loss) or, if the partnership is allowed to deduct certain adjustments from income (loss), the partnership must complete Form NC-PE and attach it to Form D-403.

Important: If you do not attach both pages of Form NC-PE to Form D-403, the Department may be unable to process the partnership return. Form NC-PE is available from the Department's website.

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.

Contact Phone Number (Include area code)

Signature of Managing Partner _____

Date _____

If entity is an LLC and it converted to an LLC during the tax year, enter entity name prior to conversion: _____

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

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

Signature of Paid Preparer Other Than Managing Partner _____

Date _____

Address of Paid Preparer _____

Preparer's FEIN, SSN, or PTIN _____

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

Fill in applicable circle: ☐ FEIN ☐ SSN ☐ PTIN

MAIL TO: North Carolina Department of Revenue, P.O. Box 25000, Raleigh, North Carolina 27640-0640