

Instructions for Handwritten Forms

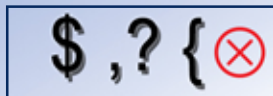
Guidelines



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."



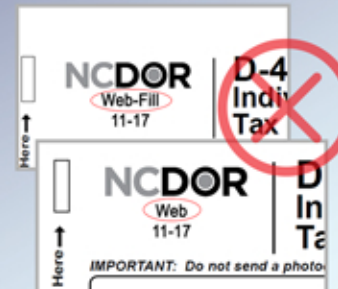
Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.



D-403TC

2022 Partnership Tax Credit Summary

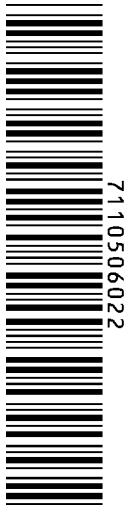
DOR
Use
Only

File this form with **Form D-403, Partnership Income Tax Return**, if the partnership claims a tax credit on Form D-403, Part 4, Lines 19 or 31. Failure to attach this form may result in the disallowance of the tax credit. (For additional details, see Form D-403A, Instructions for Partnership Income Tax Return.)

Legal Name (First 10 Characters) <hr/>	Federal Employer ID Number <hr/>
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Part 1. Tax Credits Not Subject to 50% of Tax Limit (Attach schedule for each credit)

1. Rehabilitating an Income-Producing Historic Structure (Article 3D) (Enter amount of installment)	▶	1.	<hr/>	.00
2. Rehabilitating a Nonincome-Producing Historic Structure (Article 3D) (Enter amount of installment)	▶	2.	<hr/>	.00
3. Rehabilitating an Income-Producing Historic Mill Facility (Article 3H) (Enter the total amount of tax credit)	▶	3.	<hr/>	.00
4. Rehabilitating a Nonincome-Producing Historic Mill Facility (Article 3H) (Enter amount of installment)	▶	4.	<hr/>	.00
5. Rehabilitating an Income-Producing Historic Structure (Article 3L) (From Form NC-Rehab, Part 4, Line 23)	▶	5.	<hr/>	.00
6. Rehabilitating a Nonincome-Producing Historic Structure (Article 3L) (From Form NC-Rehab, Part 4, Line 26)	▶	6.	<hr/>	.00
7. Tax Credits Carried Over From Previous Year (Do Not Include Any Carryover of Tax Credits Claimed on Form NC-478 or Form NC-Rehab)	▶	7.	<hr/>	.00
8. Credit for Income Tax Paid to Another State or Country (From Part 5, Line 25a)	▶	8.	<hr/>	.00
9. Total Tax Credits (Add Lines 1 through 8)		9.	<hr/>	.00
10. Amount of Income Tax Due (Enter Partners' Total from Form D-403, Part 4, Line 18 or Line 30)		10.	<hr/>	.00
11. Enter the lesser of Line 9 or Line 10		11.	<hr/>	.00



Part 2. Tax Credits Subject to 50% of Tax Limit

12. Total Tax Credits Subject to 50% Limit Taken in Current Period (From Form NC-478, Part 3)	▶	12.	<hr/>	.00
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Part 3. Total of Credits Applied to Current Year

13. Reserved <input style="width:300px" type="text"/>	▶	13.	<hr/>	.00
14. Add Lines 11 through 13 (Enter amount here and on Form D-403, Part 4, Line 19 or Line 31. If claiming the tax credit on Line 19, enter the amount in the Partners' Total column)	▶	14.	<hr/>	.00

Legal Name (First 10 Characters)

Federal Employer ID Number

Part 4. Qualified Rehabilitation Expenditures and Expenses

On Lines 15 and 16, enter the amount of qualified rehabilitation expenditures or rehabilitation expenses only if tax year 2022 is the first year the tax credit is taken. **Note:** For Lines 15 and 16, the expenditures and expenses must have been incurred prior to January 1, 2015.

- 15. **Qualified rehabilitation expenditures for rehabilitating income-producing historic structure** (Article 3D) ▶ 15. _____ .00
- 16. **Rehabilitation expenses for rehabilitating nonincome-producing historic structure** (Article 3D) ▶ 16. _____ .00
- 17. **Qualified rehabilitation expenditures for income-producing rehabilitated mill property** (Article 3H) ▶ 17. _____ .00
- 18. **Rehabilitation expenses for nonincome-producing rehabilitated mill property** (Article 3H) ▶ 18. _____ .00

Part 5. Credit for Income Tax Paid to Another State or Country
(For Taxed Partnerships with N.C. Resident Partners Only)

If the Taxed Partnership is eligible to claim a tax credit for taxes paid to more than one state or country, do not complete Lines 19 through 24. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount to enter on Line 25a.

- 19. **Total of all resident partners' distributive share of income (loss) from all sources modified by N.C. adjustments applicable to resident partners' distributive share of income (loss)** (If Line 19 is negative, fill in circle) ▶ 19. ○ _____ .00
- 20. **Portion of Line 19 that was taxed by another state or country** ▶ 20. _____ .00
- 21. **Divide Line 20 by Line 19 and enter the result as a decimal amount** (Round to four decimal places) 21. _____
- 22. **Total of all resident partners' share of the tax due amount** (Resident Partners' share from Form D-403, Part 4, Line 30) ▶ 22. _____ .00
- 23. **Multiply Line 22 by Line 21** 23. _____ .00
- 24. **Amount of net tax paid to the other state or country on the income shown on Line 20** ▶ 24. _____ .00
- 25a. **Credit for Income Tax Paid to Another State or Country** (Enter the lesser of Line 23 or Line 24; enter amount here and on Part 1, Line 8) ▶ 25a. _____ .00
- 25b. **Enter the number of states or countries for which a credit is claimed** ▶ 25b. _____

