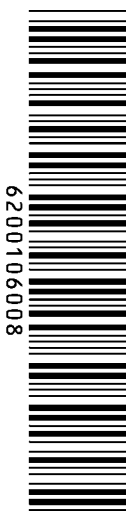


S Corporation Tax Return 2006

North Carolina Department of Revenue

Submit forms in the following order: CD-V, NC-478V, CD-479, NC-478, NC-478 series, CD-401S, followed by CD-425

For calendar year 2006 , or other tax year beginning (MM-DD) _____ - _____ - 06 and ending (MM-DD-YY) _____ - _____ - _____		Fill in circle if tax year is less than 12 months <input type="radio"/>
Legal Name (First 35 Characters)(USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) _____		▶ Federal Employer ID Number _____
Address _____		▶ Secretary of State ID ▶ NAICS Code _____
City _____ State _____ Zip Code _____		▶ Gross Receipts / Sales _____ .00
▶ Fill in all applicable circles: <input type="radio"/> QSSS or Parent QSSS <input type="radio"/> Foreign Corporation <input type="radio"/> NC-478 is attached <input type="radio"/> Fed Schedule M-3 is attached <input type="radio"/> Initial Filer <input type="radio"/> CD-479 is attached <input type="radio"/> Has Escheatable Property <input type="radio"/> Amended Return <input type="radio"/> LLC		▶ Total Assets per Balance Sheet _____ .00



(A) Computation of Franchise Tax

1. Capital Stock, Surplus, and Undivided Profits (From Schedule C, Line 13)	▶ 1.		.00
2. Investment in N.C. Tangible Property (From Schedule D, Line 8)	▶ 2.		.00
3. Appraised Value of N.C. Tangible Property (From Schedule E, Line 2)	▶ 3.		.00
4. Taxable Amount Line 1, 2, or 3, whichever is greatest	▶ 4.		.00
5. Total Franchise Tax Due Multiply Line 4 by .0015 (\$1.50 per \$1,000.00 - minimum \$35.00)	▶ 5.		.00
6. Payment with Application for Franchise Tax Extension (From Form CD-419, Line 9)	▶ 6.		.00
7. Tax Credits (From Form CD-425, Part 2, Line 12) <i>If a tax credit is claimed on Line 7, Form CD-425 MUST be attached.</i>	▶ 7.		.00
8. Franchise Tax Due - If the sum of Line 6 plus 7 is less than Line 5, enter difference here and on Page 2, Line 30	▶ 8.	\$.00
9. Franchise Tax Overpaid - If the sum of Line 6 plus 7 is more than Line 5, enter difference here and on Page 2, Line 30	▶ 9.		.00

Holding Company Exception
(See instructions)

(B) Computation of Corporate Income Tax

10. Shareholders' Shares of Corporation Income (Loss) (From Schedule H, Line 11 or Federal Schedule K, Lines 1-10)	▶ 10.	<input type="radio"/>		.00
11. Adjustments to Corporation Income (Loss) (From Schedule I, Line 5)	▶ 11.	<input type="radio"/>		.00
12. N.C. Taxable Income Add (or subtract) Lines 10 and 11	▶ 12.	<input type="radio"/>		.00
13. Nonapportionable Income (From Schedule N, Line 1)	▶ 13.	<input type="radio"/>		.00
14. Apportionable Income Line 12 minus Line 13	▶ 14.	<input type="radio"/>		.00
15. Apportionment Factor - Enter to four decimal places (From Schedule O, Part 1; Part 2 - Line 15; Part 3; or Part 4)	▶ 15.		%	.00
16. Income Apportioned to N.C. Multiply Line 14 by factor on Line 15	▶ 16.	<input type="radio"/>		.00
17. Nonapportionable Income Allocated to N.C. (From Schedule N, Line 2)	▶ 17.	<input type="radio"/>		.00
18. Total Net Taxable Income - Add Lines 16 and 17 (Composite filers complete Lines 19 through 23; all others skip to Line 24)	▶ 18.	<input type="radio"/>		.00
19. Amount of Line 18 Attributable to Nonresidents Filing Composite	▶ 19.	<input type="radio"/>		.00
20. Separately Stated Items of Income Attributable to Nonresidents Filing Composite (See instructions)	▶ 20.			.00

If amount on Line 10-14 or 16-19 is negative, fill in circle.

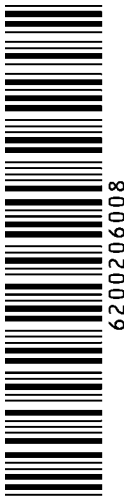
Example:

Legal Name _____

FEIN _____

B Computation of Corporate Income Tax

<p>21. North Carolina Income Tax - Add Lines 19 and 20; calculate the tax for each nonresident shareholder filing composite using the Income Tax Rate Schedule on Page 8. Total the amounts for all composite filers and enter sum.</p>	▶ 21.	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> .00
<p>22. Tax Credits Attributable to Nonresidents Filing Composite (From Form CD-425, Part 4, Line 33) <i>If a tax credit is claimed on Line 22, Form CD-425 MUST be attached.</i></p>	▶ 22.	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> .00
<p>23. Net Tax Due for Nonresidents Filing Composite Line 21 minus Line 22</p>	23.	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> .00
<p>24. Annual Report Fee Include \$20.00 <i>ONLY</i> if filing report with the Department of Revenue. (Pay online. Go to www.sosnc.com for an electronic filing option.)</p>	▶ 24.	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> .00
<p>25. Add Lines 23 and 24</p>	25.	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> .00
<p>26. Payments</p> <p>a. Application for Income Tax Extension (From Form CD-419, Line 10)</p> <p>b. 2006 Estimated Tax (When filing an amended return, enter previous payments)</p> <p>c. Partnership (If a partnership payment is claimed on Line 26c, a copy of the NC K-1 MUST be attached.)</p> <p>d. Nonresident Withholding (Include copy of 1099 or W-2)</p>	▶ 26a. ▶ 26b. ▶ 26c. ▶ 26d.	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> .00 <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> .00 <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> .00 <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> .00
<p>27. Add Lines 26a through 26d</p>	27.	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> .00
<p>28. Income Tax Due - If Line 27 is less than Line 25, enter difference here and on Line 31</p>	28.	\$ <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> .00
<p>29. Income Tax Overpaid - If Line 27 is more than Line 25, enter difference here and on Line 31</p>	▶ 29.	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> .00



Tax Due or Refund

<p>30. Franchise Tax Due or Overpayment (From Schedule A, Line 8 or 9)</p>	30.	○	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> .00
<p>31. Income Tax Due or Overpayment (From Schedule B, Line 28 or 29)</p>	31.	○	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> .00
<p>32. Balance of Tax Due or Overpayment Add (or subtract) Lines 30 and 31</p>	32.	○	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> .00
<p>33. Interest and Penalties (See instructions)</p>	33.		<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> .00
<p>34. Total Due - Add Lines 32 and 33 and enter result here, but not less than zero. If less than zero, enter amount on Line 35. <i>Pay online. Go to www.dorn.com and click on Electronic Services.</i></p>	34.		<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> .00
<p>35. Overpayment</p>	35.		<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> .00
<p>36. Amount of Line 35 applied to 2007 Estimated Income Tax</p>	▶ 36.		<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> .00
<p>37. Amount to be Refunded Line 35 minus Line 36</p>	▶ 37.		<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/> .00

If amount on Line 30-32 is an overpayment fill in circle.
Example:

Pay in U.S. Currency
From a Domestic Bank

<p>Signature and Title of Officer: _____ Date: _____ <small>I certify that, to the best of my knowledge, this return is accurate and complete.</small></p>	<p>Corporate Telephone Number: _____</p>	<p>_____-_____-_____ <small>(Important: Include Area Code)</small></p>
<p>Signature of Paid Preparer: _____ <small>I certify that, to the best of my knowledge, this return is accurate and complete.</small></p>	<p>Preparer's FEIN, SSN, or PTIN: _____</p>	

Legal Name _____ FEIN _____

(C) Capital Stock, Surplus, and Undivided Profits - Enter amounts from book balance sheet as of the end of the tax year

1. Total capital stock outstanding less cost of treasury stock	1. _____ .00
2. Paid-in or capital surplus	2. _____ .00
3. Retained earnings (earned surplus and undivided profits)	3. _____ .00
4. Other surplus	4. _____ .00
5. Deferred or unearned income	5. _____ .00
6. Allowance for bad debts	6. _____ .00
7. LIFO reserves	7. _____ .00
8. Other reserves that do not represent definite and accrued legal liabilities	8. _____ .00
9. Add Lines 1 through 8 and enter total	9. _____ .00
10. Affiliated indebtedness (See instructions) _____ _____ _____	10. _____ .00
11. Line 9 plus (or minus) Line 10	11. _____ .00
12. Apportionment factor (From Schedule O, Part 1; Part 2 - Line 15; Part 3; or Part 4)	12. _____ %
13. Capital Stock, Surplus, and Undivided Profits Multiply Line 11 by factor on Line 12 and enter result here and on Schedule A, Line 1. If amount on Line 13 is less than zero, enter zero on Schedule A, Line 1.	13. _____ .00

(D) Investment in N.C. Tangible Property - Enter amounts from book balance sheet as of the end of the tax year on N.C. property

<i>Inventory valuation method:</i>	
1. Total value of inventories located in N.C. <input type="radio"/> FIFO <input type="radio"/> Lower of cost or market <input type="radio"/> Other _____ <small>(LIFO valuation not permitted)</small>	1. _____ .00
2. Total value of furniture, fixtures, and machinery and equipment located in N.C.	2. _____ .00
3. Total value of land and buildings located in N.C.	3. _____ .00
4. Total value of leasehold improvements and other tangible property located in N.C.	4. _____ .00
5. Add Lines 1 through 4 and enter total	5. _____ .00
6. Accumulated depreciation, depletion, and amortization with respect to N.C. tangible property	6. _____ .00
7. Debts existing for the purchase or improvement of N.C. real estate	7. _____ .00
8. Investment in N.C. Tangible Property Line 5 minus Lines 6 and 7; enter amount here and on Schedule A, Line 2	8. _____ .00

(E) Appraised Value of N.C. Tangible Property

1. Total appraised value of all N.C. tangible property, including motor vehicles <small>(If tax year ends December 31, 2006 through September 30, 2007, enter the appraised county tax value of all real and tangible property located in N.C. as of January 1, 2006, including any motor vehicles assessed during the tax year. Otherwise, enter value as of January 1, 2007.)</small>	1. _____ .00
2. Appraised Value of N.C. Tangible Property Multiply Line 1 by 55%; enter here and on Schedule A, Line 3	2. _____ .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? _____
 Were the adjustments reported to N.C.? Yes No If so, when? _____

6. 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? Yes (Attach detailed explanation) No

Legal Name _____

FEIN _____

Ⓒ Ordinary Income (Loss) from Trade or Business Activities
 (Complete this schedule only 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. Net gain (loss) (Attach schedule)	_____	.00
5. Other income (loss) (Attach schedule)	_____	.00
6. Total Income (Loss) Add Lines 3 through 5	_____	.00

7. Compensation of officers (Attach schedule)	_____	.00
8. Salaries and wages (Less employment credits)	_____	.00
9. Repairs and maintenance	_____	.00
10. Bad debts	_____	.00
11. Rents	_____	.00
12. Taxes and licenses	_____	.00
13. Interest	_____	.00
14. a. Depreciation _____		
b. Depreciation included in cost of goods sold _____		
c. Balance (Line 14a minus 14b)	_____	.00
15. Depletion	_____	.00
16. Advertising	_____	.00
17. Pension, profit-sharing, and similar plans	_____	.00
18. Employee benefit programs	_____	.00
19. Other deductions (Attach schedule)	_____	.00
20. Total Deductions Add the amounts shown in the far right column for Lines 7 through 19	_____	.00

21. Ordinary Business Income (Loss) Line 6 minus Line 20; enter amount here and on Schedule H, Line 1	_____	.00
--	-------	-----

Ⓓ Computation of Income (Loss)

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

Ⓔ Adjustments to Income (Loss)

1. Additions to Income (Loss):		
a. Taxes based on net income	_____	.00
b. Interest on non-N.C. obligations	_____	.00
c. Other additions to federal taxable income (See Form D-401, Individual Income Tax Instructions, for other additions that may be applicable to S-Corporations.)	_____	.00
2. Total Additions Add Lines 1a through 1c	_____	.00
3. Deductions from Income (Loss):		
a. U.S. obligation interest (net of expenses)	_____	.00
b. Additional first-year depreciation (See instructions)	_____	.00
c. Other deductions from federal taxable income (See Form D-401, Individual Income Tax Instructions, for other deductions that may be applicable to S-Corporations.)	_____	.00
4. Total Deductions Add Lines 3a through 3c	_____	.00
5. Adjustments to Income (Loss) Line 2 minus Line 4; enter result here and on Schedule B, Line 11	_____	.00

Ⓕ Explanation of Changes for Amended Return
 (Additional space for explanation of changes provided on Page 8)

Legal Name _____

FEIN _____

(K) Shareholders' Pro Rata Share Items

	Shareholder 1	Shareholder 2	Shareholder 3
1. Identifying Number	_____	_____	_____
2. Name	_____	_____	_____
3. Address	_____	_____	_____
4. Percentage of ownership	_____ %	_____ %	_____ %
5. Share of income (loss) <i>(From Schedule H, Line 11)</i>	_____	_____	_____
6. Additions to income (loss) <i>(From Schedule I, Line 2)</i>	_____	_____	_____
7. Deductions from income (loss) <i>(From Schedule I, Line 4)</i>	_____	_____	_____
8. Income subject to N.C. tax Add (subtract) Lines 5, 6, and 7	_____	_____	_____
9. Share of tax credits <i>(See instructions)</i>	_____	_____	_____
10. Share of tax withheld from nonwage compensation	_____	_____	_____
11. Amount of Line 8 apportioned or allocated to N.C. (nonresidents only)	_____	_____	_____
12. Separately stated items of income (nonresidents only)	_____	_____	_____
13. Net tax paid for shareholder by corporation (nonresidents only)	_____	_____	_____
	Shareholder 4	Shareholder 5	Shareholders' Total
1. Identifying Number	_____	_____	_____
2. Name	_____	_____	_____
3. Address	_____	_____	_____
4. Percentage of ownership	_____ %	_____ %	_____ %
5. Share of income (loss) <i>(From Schedule H, Line 11)</i>	_____	_____	_____
6. Additions to income (loss) <i>(From Schedule I, Line 2)</i>	_____	_____	_____
7. Deductions from income (loss) <i>(From Schedule I, Line 4)</i>	_____	_____	_____
8. Income subject to N.C. tax Add (subtract) Lines 5, 6, and 7	_____	_____	_____
9. Share of tax credits <i>(See instructions)</i>	_____	_____	_____
10. Share of tax withheld from nonwage compensation	_____	_____	_____
11. Amount of Line 8 apportioned or allocated to N.C. (nonresidents only)	_____	_____	_____
12. Separately stated items of income (nonresidents only)	_____	_____	_____
13. Net tax paid for shareholder by corporation (nonresidents only)	_____	_____	_____

Legal Name _____

FEIN _____

Balance Sheet per Books

Ⓛ

Assets	Beginning of Tax Year		End of Tax Year	
1. Cash				
2. a. Trade notes and accounts receivable				
b. Less allowance for bad debts	()		()	
3. Inventories				
4. a. U.S. government obligations				
b. State and other obligations				
5. Tax-exempt securities				
6. Other current assets <i>(Attach schedule)</i>				
7. Loans to shareholders				
8. Mortgage and real estate loans				
9. Other investments <i>(Attach schedule)</i>				
10. a. Buildings and other depreciable assets				
b. Less accumulated depreciation	()		()	
11. a. Depletable assets				
b. Less accumulated depletion	()		()	
12. Land <i>(net of any amortization)</i>				
13. a. Intangible assets <i>(amortizable only)</i>				
b. Less accumulated amortization	()		()	
14. Other assets <i>(Attach schedule)</i>				
15. Total Assets				

Liabilities and Shareholders' Equity				
16. Accounts payable				
17. Mortgages, notes, and bonds payable in less than 1 year				
18. Other current liabilities <i>(Attach schedule)</i>				
19. Loans from shareholders				
20. Mortgages, notes, and bonds payable in 1 year or more				
21. Other liabilities <i>(Attach schedule)</i>				
22. Capital stock				
23. Additional paid-in capital				
24. Retained earnings				
25. Adjustments to shareholders' equity <i>(Attach schedule)</i>				
26. Less cost of treasury stock		()		()
27. Total Liabilities and Shareholders' Equity				

M-1 Federal Schedule

1. Net income (loss) per books		5. Income recorded on books this year not included on Federal Schedule K, Lines 1 through 10 <i>(itemize)</i> : Tax-exempt interest \$ _____	
2. Income included on Federal Schedule K, Lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9 and 10 not recorded on books this year <i>(itemize)</i> : _____		6. Deductions included on Federal Schedule K, Lines 1 through 12, and 14i not charged against book income this year <i>(itemize)</i> : Depreciation \$ _____	
3. Expenses recorded on books this year not included on Federal Schedule K, Lines 1 through 12, and 14i <i>(itemize)</i> : a. Depreciation \$ _____ b. Travel and entertainment \$ _____		7. Add Lines 5 and 6	
4. Add Lines 1 through 3		8. Income (Loss) (Federal Schedule K, Line 18) Line 4 minus Line 7	

M-2 Analysis of N.C. AAA

	N.C. Accumulated Adjustments	N.C. Other Adjustments	Undistributed income previously taxed
1. Balance at beginning of year			
2. Ordinary income from Schedule G, Line 21			
3. Other additions			
4. Loss from Schedule G, Line 21	()		
5. Other reductions	()	()	
6. Combine Lines 1 through 5			
7. Distributions other than dividend distributions			
8. Balance at end of tax year <i>(Line 6 minus Line 7)</i>			

Legal Name _____

FEIN _____

Complete this schedule only if you apportion income to North Carolina and to other states **AND** 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 13)

2. **Nonapportionable Income Allocated to N.C.** (Enter the total of Column E here and on Schedule B, Line 17) .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. %
 Enter 100% here and on Schedule C, Line 12 and Schedule B, Line 15

Part 2. Corporations Apportioning Franchise or Income to N.C. and to Other States
Note: Apportionment factors **must be calculated 4 places to the right of the decimal.** Example: 99.9999 %

	1. Within North Carolina		2. Total Everywhere	
	(a) Beginning Period	(b) Ending Period	(a) Beginning Period	(b) Ending Period
1. Land				
2. Buildings				
3. Inventories				
4. Other property				
5. Total (Add Lines 1-4)				

6. Average value of property
 Add amounts on Line 5 for (a) and (b); divide by 2

7. Rented property (Multiply annual rents by 8)

8. **Property Factor** (Add Lines 6 and 7; divide Column 1 by Column 2 and enter factor) %

9. Gross payroll

10. Compensation of general executive officers

11. **Payroll Factor** (Line 9 minus Line 10; divide Column 1 by Column 2 and enter factor) %

12. **Sales Factor** (Attach schedule) Divide Column 1 by Column 2 and enter factor %

13. **Sales Factor** (Enter the same factor as on Line 12) %

14. **Total of Factors** (Add Lines 8, 11, 12, and 13) %

15. **N.C. Apportionment Factor** (Divide Line 14 by the number of factors present; enter result here and on Schedule C, Line 12 and Schedule B, Line 15) %

Part 3. Excluded Corporations and Public Utilities, Other Than Those Companies Listed in Part 4
 Excluded corporations must use the sales factor alone. These corporations need not complete the property and payroll factor sections of this Schedule. (See instructions and G.S.105 -130.4 for definition of excluded corporation.) Enter the sales factor from Line 12 here and on Schedule C, Line 12 and Schedule B, Line 15 %

Part 4. Telephone Companies, Motor Carriers, and Railroad Companies
 Enter the computed apportionment factor here, on Schedule C, Line 12, and Schedule B, Line 15 %
 (See Form CD-405 instructions and G.S.105 -130.4 for more information.)

