



# Instructions for Handwritten Forms

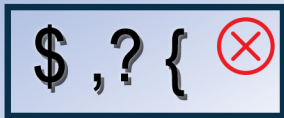
## Guidelines



Do not use red ink  
Use blue or black ink



Do not use dollar signs, commas, or other punctuation marks



## Printing



Before printing select "actual size"



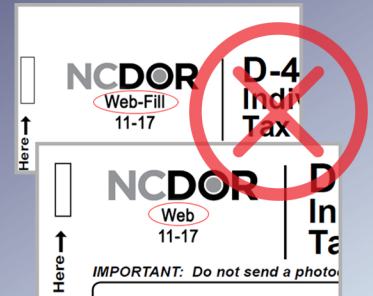
Do not select "print on both sides of paper"



## Before Mailing



Do not mix form types



Do not submit photocopies of returns

Submit originals only





| Schedule C. Combined Federal Taxable<br>Income Before NOL   | A                     | B           | C           | D  | E               |
|---|-----------------------|-------------|-------------|--|-----------------|
|   | Principal Member Name | Member Name | Member Name | Eliminations<br>between members<br>(attach schedule) | Combined Totals |
|   | FEIN                  | FEIN        | FEIN        |  |                 |
| 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  |                       |             |             |  |                 |
| 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)  |                       |             |             |  |                 |
| 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. Domestic production activities deduction  |                       |             |             |  |                 |
| 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.<br>Enter amount from Column E on Form CD-405, Schedule B, Line 10.) |                       |             |             |  | .00             |

| <b>Schedule D. Combined Adjustments to Federal Taxable Income</b>  | <b>A</b>              | <b>B</b>    | <b>C</b>    | <b>D</b>                                       | <b>E</b>        |
|--|-----------------------|-------------|-------------|--|-----------------|
|  | Principal Member Name | Member Name | Member Name | Eliminations between members (attach schedule) | Combined Totals |
|  | FEIN                  | FEIN        | FEIN        |  |                 |
| <b>1. Additions:</b>   |                       |             |             |  |                 |
| 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. Domestic production activities deduction<br><i>(From Schedule C, Line 25)</i>   |                       |             |             |  |                 |
| g. Bonus depreciation  |                       |             |             |  |                 |
| h. Section 179 expense deduction   |                       |             |             |  |                 |
| i. Other<br><i>(Attach explanation or schedule)</i>  |                       |             |             |  |                 |
| <b>2. Total Additions</b><br><i>(Add Lines 1a-1i)</i>  |                       |             |             |  |                 |
| <b>3. Deductions:</b>  |                       |             |             |  |                 |
| a. U.S. obligation interest<br><i>(net of expenses)</i>  |                       |             |             |  |                 |
| 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<br><i>(Attach explanation or schedule)</i>  |                       |             |             |  |                 |
| <b>4. Total Deductions</b><br><i>(Add Lines 3a-3g)</i>   |                       |             |             |  |                 |
| <b>5. Combined Adjustments to Federal Taxable Income</b> <i>(Line 2 minus Line 4. Enter amount from Column E on Form CD-405, Schedule B, Line 11.)</i> |                       |             |             |  | .00             |

**Schedule E. Combined Apportionment Factor** (Only one apportionment factor is to be calculated for the combined group. The standard three 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, Parts 2 or 3. The apportionment factor **must be calculated 4 places** to the right of the decimal.)

| Part 1. Standard Three Factor   | A   | B           | C           | D  | E               |
|---|---|-------------|-------------|--|-----------------|
|   | Principal Member Name   | Member Name | Member Name | Eliminations between members (attach schedule) | Combined Totals |
|   | FEIN  | FEIN        | FEIN        |  |                 |
| 1. Property - NC (Beginning of income year)   | a. Land   |             |             |  |                 |
|   | b. Buildings  |             |             |  |                 |
|   | c. Inventories  |             |             |  |                 |
|   | d. Other Property   |             |             |  |                 |
|   | e. Total - NC (Add Lines 1a through 1d)                                   |             |             |  |                 |
| 2. Property - NC (End of income year)   | a. Land   |             |             |  |                 |
|   | b. Buildings  |             |             |  |                 |
|   | c. Inventories  |             |             |  |                 |
|   | d. Other Property   |             |             |  |                 |
|   | e. Total - NC (Add Lines 2a through 2d)                                   |             |             |  |                 |
| 3. Average Value of Property - NC (Add Line 1e plus Line 2e; divide by 2)   |   |             |             |  |                 |
| 4. Rented Property - NC (Multiply annual rents by 8)  |   |             |             |  |                 |
| 5. Property - Everywhere (Beginning of income year)   | a. Land   |             |             |  |                 |
|   | b. Buildings  |             |             |  |                 |
|   | c. Inventories  |             |             |  |                 |
|   | d. Other Property   |             |             |  |                 |
|   | e. Total - Everywhere (Add Lines 5a through 5d)                           |             |             |  |                 |
| 6. Property - Everywhere (End of income year)   | a. Land   |             |             |  |                 |
|   | b. Buildings  |             |             |  |                 |
|   | c. Inventories  |             |             |  |                 |
|   | d. Other Property   |             |             |  |                 |
|   | e. Total - Everywhere (Add Lines 6a through 6d)                           |             |             |  |                 |
| 7. Average Value of Property - Everywhere (Add Line 5e plus Line 6e; divide by 2)   |   |             |             |  |                 |
| 8. Rented Property - Everywhere (Multiply annual rents by 8)  |   |             |             |  |                 |
| 9. Property Factor  | a. Add Lines 3 and 4; enter sum here                                      |             |             |  |                 |
|   | b. Add Lines 7 and 8; enter sum here                                      |             |             |  |                 |
|   | c. Divide Line 9a by 9b; enter factor here                                |             |             |  | %               |
| 10. a. Gross Payroll - NC   |   |             |             |  |                 |
|   | b. Compensation of General Executive Officers                             |             |             |  |                 |
|   | c. Net Payroll - NC (Line 10a minus Line 10b)                             |             |             |  |                 |
| 11. a. Gross Payroll - Everywhere   |   |             |             |  |                 |
|   | b. Compensation of General Executive Officers                             |             |             |  |                 |
|   | c. Net Payroll - Everywhere (Line 11a minus Line 11b)                     |             |             |  |                 |
| 12. Payroll Factor  | a. Enter amount from Line 10c   |             |             |  |                 |
|   | b. Enter amount from Line 11c   |             |             |  |                 |
|   | c. Divide Line 12a by 12b; enter factor here                              |             |             |  | %               |
| 13. Gross Receipts - NC   |   |             |             |  |                 |
| 14. Gross Receipts - Everywhere   |   |             |             |  |                 |
| 15. Sales Factor  | a. Enter amount from Line 13  |             |             |  |                 |
|   | b. Enter amount from Line 14  |             |             |  |                 |
|   | c. Divide Line 15a by 15b; multiply the result by 4 and enter factor here |             |             |  | %               |
| 16. Total Factors (Add Lines 9c, 12c, and 15c)  |   |             |             |  | %               |
| 17. NC Combined Apportionment Factor (Divide Line 16 by 6 or the number of factors present. Enter factor here and on Form CD-405, Schedule B, Line 17.) |   |             |             |  | %               |

| <b>Schedule E. Combined Apportionment Factor</b> (continued)  |                       |             |             |  |                 |
|---|-----------------------|-------------|-------------|--|-----------------|
| <b>Part 2. Single Sales Factor</b> (Excluded corporations, qualified capital intensive corporations, and certain public utilities must apportion North Carolina corporate income tax using the sales factor alone. See G.S.105 -130.4 for more information.)  | <b>A</b>              | <b>B</b>    | <b>C</b>    | <b>D</b>                                       | <b>E</b>        |
|   | Principal Member Name | Member Name | Member Name | Eliminations between members (attach schedule) | Combined Totals |
|   | FEIN                  | FEIN        | FEIN        |  |                 |
| 1. Gross Receipts - NC  |                       |             |             |  |                 |
| 2. Gross Receipts - Everywhere  |                       |             |             |  |                 |
| 3. <b>Sales Factor</b> (Divide Line 1 by Line 2. Enter factor on Form CD-405, Schedule B, Line 17)  |                       |             |             |  | _____ %         |
| <b>Part 3. Other Special Factor</b> (Special apportionment factors apply to certain types of corporations such as telephone companies, motor carriers, and railroad companies. The respective tax statutes should be consulted for additional information. If the combined group uses a special apportionment factor, enter factor for the group on Form CD-405, Schedule B, Line 17. See G.S.105 -130.4 for more information.) |                       |             |             |  | _____ %         |

| <b>Schedule F. Schedule of Payments Made by Each Member of the Combined Group</b>   | <b>A</b>              | <b>B</b>    | <b>C</b>    |  | <b>E</b>        |
|---|-----------------------|-------------|-------------|--|-----------------|
|   | Principal Member Name | Member Name | Member Name |  | Combined Totals |
|   | FEIN                  | FEIN        | FEIN        |  |                 |
| 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 2016 Form CD-405, Line 40)  |                       |             |             |  |                 |
| 6. Total estimated tax payments (Add Lines 1 through 5. Enter total on Form CD-405, Schedule B, Line 27b)   |                       |             |             |  | _____ .00       |
| 7. Total income tax extension payments. (From Form CD-419, Line 10)<br>Add Columns A through C. Enter total on Form CD-405, Schedule B, Line 27a. |                       |             |             |  | _____ .00       |