

## D-403V Partnership Income Payment Voucher

Every partnership doing business in North Carolina must file a partnership income tax return, Form D-403, for the taxable year if a federal partnership return was required to be filed. The partnership tax return is due on or before the 15th day of the fourth month following the close of the income year.

In general, a partnership having one or more nonresident partners must pay the amount of tax due for each nonresident partner. In addition, a Taxed Partnership must pay the amount of tax due for the Taxed Partnership. (For definition of Taxed Partnership, see Form D-403A, Instructions for Partnership Income Tax Return.)

The Department offers an eFile service that allows a partnership to file and pay North Carolina tax online. If the partnership chooses to file and pay electronically, visit <a href="www.ncdor.gov">www.ncdor.gov</a> and search for "partnership efile." Benefits of filing and paying taxes using eFile software, include:

- · Ability to file and pay State and federal at the same time
- Accurate, secure, convenient
- Schedule payments in advance
- · Pay by bank draft with no convenience fee
- Confirmation that the return and payment have been received

**Important:** If the partnership eFiles its return but elects not to pay the tax due using eFile software or if the partnership elects to file its partnership return by mail, the partnership may submit its payment electronically by visiting <a href="https://www.ncdor.gov">www.ncdor.gov</a>, selecting "File & Pay" and selecting "Partnership Tax" under "Tax Category". If the partnership wishes to mail a paper check, the partnership must complete the information below. Staple the check in the designated area located on the top left corner of the form and send the payment to the address listed below.

Do not separate the voucher from the rest of the form.



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ederal Employer ID Number		Tax Year	Beginning (MM-DD-YY)	Tax Year Ending (MM-DD-YY)
Legal Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)				
Street Address				Amount Enclosed
City	State	Zip Code (5 Digit)	Country (If not U.S.)	\$
Contact Person		Phone		