CD-429

CORPORATE ESTIMATED INCOME TAX (INSTRUCTIONS 8-13-24/ FORM REVISION 8-8-13)

CHANGES FOR THE YEAR

- Form CD-429 Corp Instructions were updated for 2024.
- Form CD-429 Corp was not updated for 2024.
- Form CD-429 Corp Instructions should include the following URL information in the QR code: ncdor.gov.
- If your company reproduced Form CD-429 last year, your alignment and data placement for the form should match the approved trained version.
- If your company has not reproduced Form CD-429 then match the SD version.

Production Details:

Submission Approval Start Date:	October 4, 2024
Target Date for Initial Submission:	October 25, 2024
Required Approval Date:	November 18, 2024
Form Period Date Effective:	Calendar Year December 31, 2024 Fiscal Year November 30, 2025
For Filing Periods:	December 2024 and later
Form Placed in Software:	After December 31, 2024
Unchanged/Updated:	Updated

15 TEST SAMPLES REQUIRED:

- 1 Blank
- 1 Full Field
- 1 Calendar Year
- 11 Fiscal Year
- 1 Short Year

Note: If you do not support one of the required types, list as a limitation.

BARCODE:

The barcode must read 64001XX009. Replace (XX) with your two-digit Software Provider ID (SPID).

Align barcode between Row 61, Column 41-66 and Row 63, Column 41-66. Print the number above the barcode.

USE:

- 12-point Courier font for variable data
- 12-point Courier font for scanline
- All capital letters for variable data
- All indicators on form and populate with Y or N response
- Amount due with 0.00 format
- Correct barcode length
- Correct check digits
- Correct matching line geometry
- Data placement from approved trained version
- Function Code 06602
- High resolution bitmap for barcode
- Matching alignment between the full field and test samples
- No punctuation or special characters in the address field
- Period Ending Chart
- Right aligned amount due
- Various ID numbers using the prefixes of 999, 900, 000 or 666 for FEIN/SSNs

BARCODE DIMENSIONS:

- IF YOUR COMPANY SUPPORTED THIS FORM FOR 2023, DO NOT UPDATE THE ALIGNMENT, PLACEMENT OR BARCODE DIMENSIONS ON YOUR 2024 UNCHANGED FORM
- BARCODE LENGTH MUST MEASURE MORE THAN 2 5/8" BUT LESS THAN 2 3/4" FOR NEW SOFTWARE PROVIDERS
- SYMBOLOGY CODE 39
- DENSITY 4.18 CPI
- HEIGHT 0.500
- HIGH RESOLUTION BITMAP FOR BARCODES
- RATIO 3:1

TEST SAMPLES:

- IF YOUR COMPANY SUPPORTED THIS FORM FOR 2023, DO NOT SHIFT VERBIAGE AND LINE NUMBERS ON YOUR 2024 UNCHANGED FORM TEST SAMPLES
- PLEASE NOTE: BLANK AND FULL FIELD ARE REQUIRED BUT ARE NOT CONSIDERED TEST SAMPLES
- INCLUDE ONE TEST SAMPLE EXCEEDING $999.00
- INCLUDE ONE CALENDAR YEAR TEST SAMPLE FOR 2025
- INCLUDE ONE SHORT YEAR TEST SAMPLE FOR 2025
- INCLUDE ELEVEN FISCAL YEAR TEST SAMPLES ENDING WITH 2026
- INCLUDE ONE TEST WITH SECRETARY OF STATE ID NUMBER
- USE THE FIELD DESCRIPTION FORMATTING FOR PLACEMENT OF VARIABLE DATA
- USE A DIFFERENT AMOUNT FOR EACH FIELD
- ENSURE EACH LINE IS POPULATED ACROSS REQUIRED TEST SAMPLES

Required Variety of CD-429 Test Samples			
Period Beginning	Period Ending	Type of Filer: Calendar, Fiscal or Short Year	Scan Line with Check Digit
01/01/25	12/31/25	Calendar	12254
02/01/25	01/31/26	Fiscal	01261
03/01/25	02/28/26	Fiscal	02267
04/01/25	03/31/26	Fiscal	03263
05/01/25	04/30/26	Fiscal	04260
06/01/25	05/31/26	Fiscal	05266
07/01/25	06/30/26	Fiscal	06262
08/01/25	07/31/26	Fiscal	07269
09/01/25	08/31/26	Fiscal	08265
10/01/25	09/30/26	Fiscal	09261
11/01/25	10/31/26	Fiscal	10260
12/01/25	11/30/26	Fiscal	11266
05/01/25	12/31/25	Short	12254

Placement of Variable Data

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
50	FEIN	8	4	11	FEIN
50	FEIN	14	9	22	Numeric: No Dashes
50	SOS	25	3	27	SOS
50	SOS	30	7	36	Numeric: No Dashes
50	Tax Year Starting	52	8	59	Numeric: 02 01 25 No Punctuation
50	And Ending	71	8	78	Numeric: 01 31 26 No Punctuation
52	Legal Name	8	39	46	Alphanumeric
52	Non-Profit/Tax Exempt	54	1	54	Alpha: Y or N Select only one
52	Non-Profit/Tax Exempt	57	5	61	NP/TE
52	Non-Profit/Tax Exempt	64	1	64	Alpha: Y or N Select only one
52	Non-U.S./Foreign	67	2	68	NF
52	Coop or Mutual Assn	71	1	71	Alpha: Y or N Select only one
52	Coop or Mutual Assn	74	5	78	CO/MA
55	Address	8	35	42	Alphanumeric
56	City	8	20	27	Alpha
56	State	31	2	32	Alpha
56	Zip Code	36	5	40	Numeric: Print 5-digit zip
56	Amount of Payment	61	12	72	Numeric: With 0.00