

For calendar year **2024**, or fiscal year beginning (MM-DD) _____ - _____ - **24** and ending (MM-DD-YY) _____ - _____ - _____

Legal Name (USE CAPITAL LETTERS FOR NAME AND ADDRESS) _____ _____ Legal Name Continued _____ _____	Federal Employer ID Number _____ If LLC, Enter N.C. Secretary of State ID _____	Fill in all applicable circles: <input type="radio"/> Initial Return <input type="radio"/> Amended Return <input type="radio"/> Final Return <input type="radio"/> Short Period <input type="radio"/> Partnership is LLC <input type="radio"/> Partnership has Nonresident Owners <input type="radio"/> NC-NPAs attached <input type="radio"/> NC-478 attached <input type="radio"/> Publicly Traded Partnership <input type="radio"/> NC-PE attached
Address _____ Apartment Number _____ _____ City _____ State _____ Zip Code _____		

N.C. Education Endowment Fund: A partnership may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of the partnership's overpayment to the Fund. To make a contribution, enclose Form NC-EDU and the partnership's payment of \$ _____. To designate the partnership's overpayment to the Fund, enter the amount of the partnership's designation on Line 26 on Page 2. (See instructions for information about the Fund.)

Taxed Partnership (See instructions for definition of Taxed Partnership.)
 Is the partnership making the election to be a Taxed Partnership for tax year 2024? Yes No

Federal Extension Was the partnership granted an automatic extension to file its 2024 federal income tax return (Form 1065)? Yes No

Part 1. Informational Return and Tax Due for Nonresident Partners and Taxed Partnership

<p>1. Income (Loss) (From Part 6, Line 12, or Federal Form 1065, Schedule K, add Lines 1-11) ▶</p> <p>2. Guaranteed Payments to Partners</p> <p>3. Subtract Line 2 from Line 1</p> <p>4. Additions to Income (Loss) (From Form NC-PE, Part A, Line 16)</p> <p>5. Add Lines 3 and 4</p> <p>6. Deductions from Income (Loss) (From Form NC-PE, Part B, Line 41)</p> <p>7. Net Distributive Partnership Income (Loss) (Line 5 minus Line 6)</p> <p>8. Nonapportionable Net Distributive Partnership Income (Loss) (From Part 3, Line 1)</p> <p>9. Apportionable Net Distributive Partnership Income (Loss) (Line 7 minus Line 8)</p> <p>10. Nonapportionable Net Distributive Partnership Income (Loss) Allocated to N.C. (From Part 3, Line 2)</p>	1. <input type="radio"/> 2. <input type="radio"/> 3. <input type="radio"/> 4. <input type="radio"/> 5. <input type="radio"/> 6. <input type="radio"/> 7. <input type="radio"/> 8. <input type="radio"/> 9. <input type="radio"/> 10. <input type="radio"/>	_____ .00 _____ .00 _____ .00 _____ .00 _____ .00 _____ .00 _____ .00 _____ .00 _____ .00 _____ .00
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If amount on Line 1, 3, 5, 7, 8, 9, or 10 is negative, fill in circle.
 Example:

7110106026

Legal Name (First 10 Characters)

Federal Employer ID Number

If the partnership has nonresident partners or if the partnership is a Taxed Partnership, complete Lines 11 through 13. Otherwise, skip to Line 14.

11. Tax Due for Nonresident Partners and Taxed Partnership <i>(Add Partners' Total from Part 4, Line 18 and Part 4, Line 25)</i>	▶ 11.	<input type="text"/>	.00
12. Tax Credits Taken by Nonresident Partners and Taxed Partnership <i>(Add Partners' Total from Part 4, Line 19 and Part 4, Line 26)</i>	▶ 12.	<input type="text"/>	.00
13. Net Tax Due for Nonresident Partners and Taxed Partnership <i>(Add Partners' Total from Part 4, Line 20 and Part 4, Line 27)</i>	▶ 13.	<input type="text"/>	.00

14. Payments *(Add Lines 14a through 14d. Enter total on Line 14e)*

14a. Extension	▶ <input type="text"/>	.00	14b. Other Partnerships	▶ <input type="text"/>	.00	14e.	<input type="text"/>	.00
14c. Withholding from Services	▶ <input type="text"/>	.00	14d. Other <i>(Include Estimated Tax Payments)</i>	▶ <input type="text"/>	.00	15.	<input type="text"/>	.00

15. Additional Payments *(Amended Returns Only. See instructions)*

▶ .00

16. Add Lines 14e and 15

▶ .00

17. Previous Refunds *(Amended Returns Only. See instructions)*

▶ .00

18. Subtract Line 17 from Line 16 *(If less than zero, fill in the circle)*

▶ .00

19. Tax Due *(If Line 18 is less than Line 13, subtract Line 18 from Line 13. Otherwise, go to Line 20)*

▶ .00

20. Overpayment Before Penalties and Interest *(If Line 18 is greater than Line 13, subtract Line 13 from Line 18)*

▶ .00

21. a. Penalties

▶ .00

b. Interest

▶ .00

c. Interest on the Underpayment of Estimated Income Tax *(Taxed Partnerships Only)*

▶ 21c. .00

d. Add Lines 21a through 21c

▶ 21d. .00

If Line 21d is greater than zero and you entered an amount on Line 20, compare Line 21d with Line 20. If Line 21d is greater than Line 20, subtract Line 20 from Line 21d and enter result on Line 22. If Line 21d is less than Line 20, subtract Line 21d from Line 20 and enter result on Line 23.

22. Amount Due *(Add Lines 19 and 21d)*

▶ 22. \$.00

Pay in U.S. Currency from a Domestic Bank. You can pay online at ncdor.gov.

23. Overpayment After Penalties and Interest

▶ 23. .00

24. Amount of Line 23 to be applied to 2025 Estimated Income Tax

▶ 24. .00

25. Amount of Line 23 contributed to N.C. Nongame and Endangered Wildlife Fund

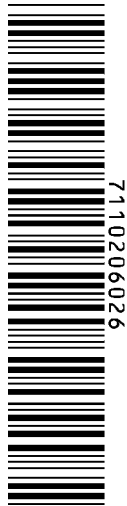
▶ 25. .00

26. Amount of Line 23 contributed to N.C. Education Endowment Fund

▶ 26. .00

27. Amount to be Refunded *(Subtract Lines 24, 25, and 26 from Line 23)*

▶ 27. .00



Exception to Underpayment of Estimated Tax ▶

Legal Name (First 10 Characters)

Federal Employer ID Number

Part 4. Partner Information and Tax Calculation for Nonresident Partners and Taxed Partnerships
(If more than two partners, attach a schedule for each partner. Only one Partners' Total is needed.)

A. Partners' Shares of Income, Adjustments, Tax Credits, and Other Items (To be completed by all partnerships for each partner.)

	Partner 1	Partner 2	Partners' Total
1. Identifying number			
2. Name			
3. Address			
4. Partner's share percentage	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
5. Type of partner (Ex: Ind., Corp., Part.)			
6. Additions to income (loss) (To Form NC K-1, Line 2)			
7. Deductions from income (loss) (To Form NC K-1, Line 3)			
8. Tax credits (To Form NC K-1, Line 4) Note: Enter an amount on Line 8 only if the partner can claim the tax credit. If a Taxed Partnership can claim the tax credit, see Line 23.			
	NC Resident <input type="radio"/> Yes <input type="radio"/> No	NC Resident <input type="radio"/> Yes <input type="radio"/> No	

B. Income Attributable to North Carolina (To be completed by all partnerships for each partner.)

	Partner 1	Partner 2	Partners' Total
9. Guaranteed payments to partners applicable to income on Part 1, Line 9			
10. Partners' share of the amount from Part 1, Line 9			
11. Add Lines 9 and 10			
12. Apportionment percentage from Part 2	<input type="text"/> %	<input type="text"/> %	
13. Multiply Line 11 by Line 12			
14. Guaranteed payments to partners applicable to income on Part 1, Line 10			
15. Partners' share of the amount from Part 1, Line 10			
16. Separately stated items of income attributable to partners			
17. Income Attributable to North Carolina (Add Lines 13 through 16)			

C. Tax Computation for Nonresident Partners (To be completed by all partnerships for each nonresident partner on whose behalf the partnership is required to pay tax.)

	Partner 1	Partner 2	Partners' Total
	NC-NPA Form attached <input type="radio"/> Yes <input type="radio"/> No	NC-NPA Form attached <input type="radio"/> Yes <input type="radio"/> No	
18. Tax due (Multiply Line 17 by 4.50%)			
19. Tax credits taken on behalf of the nonresident partner (From Form D-403TC, Part 3, Line 13)			
20. Net tax due (Line 18 minus Line 19) Important: When filing an amended return, see instructions.			

Important: All partnerships must provide each partner with a NC K-1 for Form D-403 and any other information necessary for the partner to prepare the appropriate North Carolina tax return.

Legal Name (First 10 Characters) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Federal Employer ID Number <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
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D. Partners' Share of Taxed Partnership's Tax Credits (To be completed by all Taxed Partnerships for each partner.)

	Partner 1	Partner 2	Partners' Total
<i>Attach other pages if needed.</i>			
21. Identifying number	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	
22. Name	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	
23. Tax credits (Enter an amount on Line 23 only if the Taxed Partnership can claim the tax credit.)	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	

E. Tax Computation of Taxed Partnership (To be completed by all Taxed Partnerships for each partner for which the partnership is required to pay tax at the entity level.)

	Partner 1	Partner 2	Partners' Total
24. Income attributable to North Carolina (Enter the amount from Part 4, Line 17)	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
25. Tax due (Multiply Line 24 by 4.50%)			<div style="border: 1px solid black; height: 20px;"></div>
26. Tax credits taken by the Taxed Partnership (From Form D-403TC, Part 3, Line 13)			<div style="border: 1px solid black; height: 20px;"></div>
27. Net Tax Due (Line 25 minus Line 26)			<div style="border: 1px solid black; height: 20px;"></div>

Explanation of Changes for Amended Return (Attach additional sheets if necessary)

Important: All partnerships must provide each partner with a NC K-1 for Form D-403 and any other information necessary for the partner to prepare the appropriate North Carolina tax return.

Legal Name (First 10 Characters) _____	Federal Employer ID Number ____-____-____
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Part 5. Ordinary Business Income (Loss)	
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. Ordinary income (loss) from other partnerships, estates, trusts (Attach schedule)	.00
5. Net farm profit (loss) (Attach schedule)	.00
6. Net gain (loss) (Attach schedule)	.00
7. Other income (loss) (Attach schedule)	.00
8. Total Income (Loss) Add Lines 3 through 7	.00
9. Salaries and wages (other than to partners) (Less employment credits)	.00
10. Guaranteed payments to partners	.00
11. Repairs and maintenance	.00
12. Bad debts	.00
13. Rent	.00
14. Taxes and licenses	.00
15. Interest	.00
16. a. Depreciation _____	
b. Depreciation reported elsewhere on return _____	
c. Balance (Line 16a minus 16b)	.00
17. Depletion	.00
18. Retirement plans, etc.	.00
19. Employee benefit programs	.00
20. Other deductions (Attach schedule)	.00
21. Total Deductions Add the amounts shown in the far right column for Lines 9 through 20	.00
22. Ordinary Business Income (Loss) Line 8 minus Line 21; enter amount here and on Part 6, Line 1	.00

Part 6. Partners' Distributive Share Items	
1. Ordinary business income (loss)	.00
2. Net rental real estate income (loss)	.00
3. Other net rental income (loss)	.00
4. Guaranteed Payments	.00
5. Interest income	.00
6. Ordinary dividends	.00
7. Royalties	.00
8. Net short-term capital gain (loss)	.00
9. Net long-term capital gain (loss)	.00
10. Net section 1231 gain (loss)	.00
11. Other income (loss) (Attach schedule)	.00
12. Total Income (Loss) Add Lines 1 through 11; enter amount here and on Part 1, Line 1	.00

Part 7. Adjustments to Income (Loss)

If the partnership is required to add certain North Carolina adjustments to income (loss) or, if the partnership is allowed to deduct certain adjustments from income (loss), the partnership must complete Form NC-PE and attach it to Form D-403.

Important: If you do not attach both pages of Form NC-PE to Form D-403, the Department may be unable to process the partnership return. Form NC-PE is available from the Department's website.

I declare and certify that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Contact Phone Number (Include area code)
____-____-____

Signature of Managing Partner _____ Date _____

If entity is an LLC and it converted to an LLC during the tax year, enter entity name prior to conversion: _____

Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.

If prepared by a person other than the managing partner, this certification is based on all information of which preparer has any knowledge.

Signature of Paid Preparer Other Than Managing Partner _____ Date _____ Address of Paid Preparer _____

Preparer's FEIN, SSN, or PTIN _____ Preparer's Contact Phone Number (Include area code) _____

Fill in applicable circle: FEIN SSN PTIN

MAIL TO: North Carolina Department of Revenue, P.O. Box 25000, Raleigh, North Carolina 27640-0640