

For calendar year 2021, or fiscal year beginning (MM-DD) - - 21 and ending (MM-DD-YY) - -

Legal Name (USE CAPITAL LETTERS FOR NAME AND ADDRESS)
Federal Employer ID Number
Fill in all applicable circles:
Initial Return
Amended Return
Final Return
Short Period
Entity is LLC
Entity has Nonresident Owners
NC-NPAs attached
NC-478 attached
Publicly Traded Partnership
NC-PE attached

Federal Extension Was the partnership granted an automatic extension to file its 2021 federal income tax return (Form 1065)? Yes No

Part 1. Informational Return and Computation of Tax Due for Nonresident Partners

1. Income (Loss) (From Part 6, Line 12, or Federal Form 1065, Schedule K, add Lines 1-11) 1.00
2. Guaranteed Payments to Partners 2.00
3. Subtract Line 2 from Line 1 3.00
4. Additions to Income (Loss) (From Form NC-PE, Part A, Line 15) 4.00
5. Add Lines 3 and 4 5.00
6. Deductions from Income (Loss) (From Form NC-PE, Part B, Line 38) 6.00
7. Net Distributive Partnership Income (Loss) (Line 5 minus Line 6) 7.00
8. Nonapportionable Net Distributive Partnership Income (Loss) (From Part 3, Line 1) 8.00
9. Apportionable Net Distributive Partnership Income (Loss) (Line 7 minus Line 8) 9.00
10. Nonapportionable Net Distributive Partnership Income (Loss) Allocated to N.C. (From Part 3, Line 2) 10.00

Legal Name (First 10 Characters)

Federal Employer ID Number

If you have nonresident partners, complete Lines 11 through 13. Otherwise, skip to Line 14.

11. Tax Due for Nonresident Partners (Enter Partners' Total from Part 4, Line 18) ▶ 11. _____ .00

12. Tax Credits Allocated to Nonresident Partners (Enter Partners' Total from Part 4, Line 19) ▶ 12. _____ .00

13. Net Tax Due for Nonresident Partners (Enter Partners' Total from Part 4, Line 20) ▶ 13. _____ .00

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

14a. Extension ▶ _____ .00

14b. Other Partnerships ▶ _____ .00

14c. Withholding from Services ▶ _____ .00

14d. Other Payments ▶ _____ .00

14e. _____ .00

15. Amended Returns Only - Previous Payments (See "Amended Returns" in instructions) 15. _____ .00

16. Total Payments (Add Lines 14e and 15) 16. _____ .00

17. Amended Returns Only - Previous Refunds (See "Amended Returns" in instructions) 17. _____ .00

18. Subtract Line 17 from Line 16 18. ○ _____ .00

If amount on Line 18 is negative, fill in circle. Example: ●

19. Tax Due (If Line 13 is more than Line 18, subtract Line 18 from Line 13 and enter result here. Otherwise, subtract Line 13 from Line 18 and enter the result on Line 20.) ▶ 19. _____ .00

20. Overpayment 20. _____ .00

21. 21a. Penalties (Include all penalties applicable to informational returns. For more information, see "Penalties" in instructions.) ▶ _____ .00

21b. Interest ▶ _____ .00 (Add Lines 21a and 21b. Enter the total on Line 21c) 21c. _____ .00

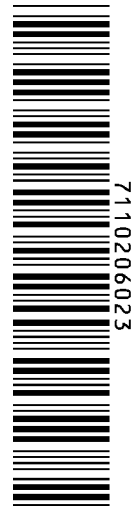
22. Total Due (Add Lines 19 and 21c) 22. \$ _____ .00

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

Important: If Line 20 is greater than zero and you entered an amount on Line 21c, compare Line 21c with Line 20. If Line 21c is greater than Line 20, subtract Line 20 from Line 21c and enter result on Line 22.

23. Amount to be Refunded (Subtract Line 21c from Line 20) ▶ 23. _____ .00

Important: When filing an amended return, see instructions.



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

Legal Name (First 10 Characters)

If more than two partners, include separate schedule for additional partners.
Only one Total is needed.

Federal Employer ID Number

Part 4. A. Partners' Shares of Income, Adjustments, Tax Credits, and Other Items

Complete Lines 1 through 8 for all partners.

B. Computation of North Carolina Taxable Income for Nonresident Partners

Complete Lines 9 through 17 for all nonresident partners.

C. Computation of Tax Due for Nonresident Partners on Whose Behalf the Partnership Pays the Tax

Complete Lines 18 through 20.

A	Partner 1	Partner 2	Partners' Total
<p>Attach other pages if needed.</p> <p>1. Identifying Number</p> <p>2. Name</p> <p>3. Address</p> <p>4. Partner's share percentage <input type="text"/> %</p> <p>5. Type of partner (Ex: Ind., Corp., Part.)</p> <p>6. Additions to income (loss) (To Form NC K-1, Line 2)</p> <p>7. Deductions from income (loss) (To Form NC K-1, Line 3)</p> <p>8. Share of tax credits (To Form NC K-1, Line 4)</p> <p style="text-align: center;">NC Resident <input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> %</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="text-align: center;">NC Resident <input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> %</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="text-align: center;">NC Resident <input type="radio"/> Yes <input type="radio"/> No</p>	<p style="background-color: #cccccc;"></p> <p style="background-color: #cccccc;"></p> <p style="background-color: #cccccc;"></p> <p><input type="text"/> %</p> <p style="background-color: #cccccc;"></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="background-color: #cccccc;"></p>
<p>B</p> <p>9. Guaranteed payments to nonresident partners applicable to income on Part 1, Line 9</p> <p>10. Percentage from Line 4 times amount on Part 1, Line 9</p> <p>11. Add Lines 9 and 10</p> <p>12. Apportionment percentage from Part 2 <input type="text"/> %</p> <p>13. Multiply Line 11 by Line 12</p> <p>14. Guaranteed payments to nonresident partners applicable to income on Part 1, Line 10</p> <p>15. Percentage from Line 4 times amount on Part 1, Line 10</p> <p>16. Separately stated items of income attributable to nonresident partners</p> <p>17. North Carolina taxable income (Add Lines 13, 14, 15, and 16)</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> %</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> %</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="background-color: #cccccc;"></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>C</p> <p>18. Tax Due (Multiply Line 17 by 5.25%)</p> <p>19. Tax credits allocated to nonresident partners from Line 8 above</p> <p>20. Net Tax Due (Line 18 minus Line 19) Important: When filing an amended return, see instructions.</p> <p style="text-align: center;">NC-NPA Form attached <input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="text-align: center;">NC-NPA Form attached <input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="text-align: center;">NC-NPA Form attached <input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p style="background-color: #cccccc;"></p>

Important: The partnership 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)
<p>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.</p> <p>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.</p>

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.		
Signature of Managing Partner _____	Date _____	Contact Phone Number (Include area code) _____
If entity is an LLC and it converted to an LLC during the tax year, enter entity name prior to conversion: _____		<input type="checkbox"/> 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: <input type="radio"/> FEIN <input type="radio"/> SSN <input type="radio"/> PTIN		

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