

**NC K-1 (SD)**  
**(D-403)**  
 8-22-23

**2023 Partner's Share of**  
**N.C. Income, Adjustments, and Credits**  
 North Carolina Department of Revenue

DOR  
Use  
Only

Use Form D-403 NC K-1 to report each partner's share of the partnership's income (loss), N.C. adjustments, N.C. tax credits, etc. Each partner should keep Form D-403 NC K-1, Form NC K-1 Supplemental Schedule, and any other information provided to them by the partnership for their records. The partner is not required to attach the information to their N.C. tax return unless specifically required to do so.

For calendar year **2023** or fiscal year beginning **12 45 23** and ending **12 45 78**

Information About the Partnership	
Partnership's Federal Employer ID Number 999123456	Partnership's Name, Address, and Zip Code ABCDEFGHIJKLMN <strong>OPQRSTUVWXYZ</strong> ABCDEFGHI ABCDEFGHIJKLMN <strong>OPQRSTUVWXYZ</strong> ABCDEFGHI ABCDEFGHIJKLMN <strong>OPQRSTUVWXYZ</strong> ABCDEFGHI ABCDEFGHIJKLMN <strong>OPQRSTUVWXYZ</strong> ABCDEFGHI
Is the Partnership a Taxed Partnership? Yes <input type="checkbox"/> No <input type="checkbox"/>	ABCDEFGHIJKLMN <strong>OPQRSTUVWXYZ</strong> ABCDEFGHI ABCDEFGHIJKLMN <strong>OPQRSTUVWXYZ</strong> ABCDEFGHI ABCDEFGHIJKLMN <strong>OPQRSTUVWXYZ</strong> ABCDEFGHI

Information About the Partner	
Partner's Identifying Number 999123456	Partner's Name, Address, and Zip Code ABCDEFGHIJKLMN <strong>OPQRSTUVWXYZ</strong> ABCDEFGHI ABCDEFGHIJKLMN <strong>OPQRSTUVWXYZ</strong> ABCDEFGHI ABCDEFGHIJKLMN <strong>OPQRSTUVWXYZ</strong> ABCDEFGHI ABCDEFGHIJKLMN <strong>OPQRSTUVWXYZ</strong> ABCDEFGHI
Is the Partner a N.C. Resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	ABCDEFGHIJKLMN <strong>OPQRSTUVWXYZ</strong> ABCDEFGHI ABCDEFGHIJKLMN <strong>OPQRSTUVWXYZ</strong> ABCDEFGHI
Is the partner a beneficial owner of a disregarded entity? Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____ Name of Disregarded Entity	_____ Taxpayer Identification Number of Disregarded Entity

**A. All Partners**

Partner's Pro Rata Share Items	Amount	Individuals Filing Form D-400 Enter Amount on:
1. Share of Partnership Income (Loss)	-1234567890	(This amount should already be included in federal adjusted gross income)
2. Additions to Income (Loss)	1234567890	Form D-400 Schedule S, Part A
3. Deductions from Income (Loss)	1234567890	Form D-400 Schedule S, Part B
4. Share of Tax Credits	1234567890	Form D-400TC
5. Share of Tax Withheld from Compensation Paid for Services Performed in N.C.	1234567890	Form D-400, Line 20 (N.C. residents only)

**B. Nonresidents Only**

Partner's Pro Rata Share Items	Amount	Individuals Filing Form D-400 Enter Amount on:
6. Portion of Line 1 Attributable to North Carolina	-1234567890	Form D-400 Schedule PN, Column B, Line 11
7. Portion of Line 2 Attributable to North Carolina	1234567890	Form D-400 Schedule PN, Column B, Part B, or Form D-400 Schedule PN-1, Column B, Part A
8. Portion of Line 3 Attributable to North Carolina	1234567890	Form D-400 Schedule PN, Column B, Part B, or Form D-400 Schedule PN-1, Column B, Part B
9. Nonresident's Share of Net Tax Paid by the Partnership	1234567890	Form D-400, Line 21c

**C. Taxed Partnerships Only**

Partner's Pro Rata Share Items	Amount	Individuals Filing Form D-400 Enter Amount on:
10. Share of Loss Attributable to North Carolina	1234567890	Form D-400 Schedule S, Part A (all partners) and Form D-400 Schedule PN-1, Column B, Part A (nonresidents only)
11. Share of Income Attributable to North Carolina	1234567890	Form D-400 Schedule S, Part B (all partners) and Form D-400 Schedule PN-1, Column B, Part B (nonresidents only)