NCDOR CD-405 CW Web 7-16 Combined Corpo	orate Incom	e Tax Wor	ksheet		
A corporation <u>MAY NOT FILE</u> a North without the written perm			tax return		
For calendar year 2016 , or other tax year beginning (MM-DD)	6 and	d ending (MM-DD-YY)			
Principal Member Legal Name		Principal Member Feder	ral Employer ID Number		
Name of Principal Member Last Year (If different than above)		Federal Employer ID Number Last Year (If different than above)			
Schedule A. Entities Included in Combined Return (List the nat	me and FEIN of each corpora	ation included in combin	ned return)		
Name	FEIN	New Member (Fill in circle)	If yes, enter the date member entered the group (MM-DD-YY)		
1(Principal Member)		Yes O No	·····		
2		O Yes O No	···· ⁻ ····		
3		O Yes O No	····· ⁻ ····· ⁻ ·····		
4		O Yes O No	[_] [_]		
5			····· ⁻ ····· ⁻ ·····		
6					
7					
8					
9					
10		() Yes () No	····· ⁻ ·····		

Schedule B. Entities Excluded From Combined Return (List the name and FEIN of each corporation excluded from combined return. Fill in the circle that corresponds to the reason(s) the entity was excluded from the combined return.)								
Name	FEIN	Reason(s) for Exclusion						
		Not <u>Unitary</u>	Federal Return Not <u>Required</u>	Insurance <u>Company</u>	<u>S Corp</u>	Entity not taxed <u>as Corp</u>	Other (Attach Explanation)	
1		_ 0	0	0	0	0	0	
2		_ 0	0	0	0	0	0	
3		_ 0	0	0	0	0	0	
4		_ 0	0	0	0	0	0	
5		_ 0	0	0	0	0	0	
6		_ 0	0	0	0	0	0	
7		_ 0	0	0	0	0	\circ	
8		_ 0	0	0	0	0	0	
9		_ 0	0	0	0	0	0	
10		_ 0	0	0	0	0	0	

Page 2, CD-405 CW, Web, 7-16 Principal Member Name

_ FEIN _____

	Α	В	с	D	E
Schedule C. Combined Federal Taxable Income Before NOL	Principal Member Name	Member Name	Member Name	Eliminations between members	Combined Totals
	FEIN	FEIN	FEIN	(attach schedule)	
1. a. Gross receipts or sales					
b. Returns and allowances					
c. Balance (Line 1a minus Line 1b)					
2. Cost of goods sold (<i>Attach schedule</i>)					
3. Gross Profit (<i>Line 1c minus Line 2</i>)					
4. Dividends (<i>Attach schedule</i>)					
5. a. Interest on obligations of the US and its instrumentalities					
b. Other interest					
6. Gross rents					
7. Gross royalties					
8. Capital gain net income (<i>Attach schedule</i>)					
9. Net gain (loss) (<i>Attach schedule</i>)					
10. Other income (<i>Attach schedule</i>)					
11. Total Income (Add Lines 3 through 10)					
12. Compensation of officers (Attach schedule)					
13. Salaries and wages (Less employment credits)					
14. Repairs and maintenance					
15. Bad debts					
16. Rents					
17. Taxes and licenses					
18. Interest					
19. Charitable contributions					
20. a. Depreciation					
b. Depreciation included in cost of goods sold					
c. Balance (Line 20a minus Line 20b)					
21. Depletion					
22. Advertising					
23. Pension, profit-sharing, and similar plans					
24. Employee benefit programs					
25. Domestic production activities deduction					
26. Other deductions (Attach schedule)					
27. Total Deductions (Add Lines 12 through 19, 20c, and 21 through 26)					
28. Taxable Income (Line 11 minus Line 27)					
29. Special Deductions (From Federal Form 1120, Line 29b)					
30. Federal Taxable Income Before NOL (Line 28 minus Line 29. Enter amount from Column E on Form CD-405, Schedule B, Line 10.)					.00

	A	В	С	D	E
Schedule D. Combined Adjustments to Federal Taxable Income	Principal Member Name	Member Name	Member Name	 Eliminations between members (attach schedule) 	Combined Totals
1. Additions: a. Taxes based on net income			_		
b. Contributions			_		
c. Royalties to related members			_		
d. Net interest expense to related members			_		
e. Expenses attributable to income not taxed			_	_	
f. Domestic production activities deduction (From Schedule C, Line 25)			_		
g. Bonus depreciation					
h. Section 179 expense deduction					
i. Other (Attach explanation or schedule)				_	
2. Total Additions (Add Lines 1a-1i)				_	
3. Deductions:					
a. U.S. obligation interest (net of expenses)				_	
b. Other deductible dividends					
c. Royalties from related members			_		
d. Qualified interest expense to related members			_		
e. Bonus depreciation			_		
f. Section 179 expense deduction					
g. Other (Attach explanation or schedule)					
4. Total Deductions					
 (Add Lines 3a-3g) 5. Combined Adjustments to Federal Taxable Income (Line 2 minus Line 4. Enter amount from Column E on Form CD-405, Schedule B, Line 11.) 					_00

		Α	В	С	D	E
Part 1. Standard Three F	actor	Principal Member Name	Member Name	Member Name	 Eliminations between members 	Combined Totals
		FEIN	FEIN	FEIN	_ (attach schedule)	
1. Property - NC	a. Land					
(Beginning of income year)	b. Buildings					
(209	c. Inventories					
	d. Other Property					
	e. Total - NC (Add Lines 1a through 1d)					
2. Property - NC	a. Land					
(End of income year)	b. Buildings					
(End of moorno your)	c. Inventories					
	d. Other Property					
	e. Total - NC (Add Lines 2a through 2d)					
3 Average Value of Property - N	C (Add Line 1e plus Line 2e; divide by 2)					
4. Rented Property - NC (Multiply						
5. Property - Everywhere	a. Land					
(Beginning of income year)	b. Buildings					
(209	c. Inventories					
	d. Other Property					
	e. Total - Everywhere (Add Lines 5a through 5d)					
6. Property - Everywhere	a. Land					
(End of income year)	b. Buildings					
(End of moorne year)	c. Inventories					
	d. Other Property					
	e. Total - Everywhere (Add Lines 6a through 6d)					
7 Average Value of Property - Ev	verywhere (Add Line 5e plus Line 6e; divide by 2)					
8. Rented Property - Everywhere						
9. Property Factor	a. Add Lines 3 and 4; enter sum here					
3. Property ractor	b. Add Lines 7 and 8; enter sum here					
	c. Divide Line 9a by 9b; enter factor here					(
	c. Divide Line 5a by 5b, enter lactor here					
10. a. Gross Payroll - NC	Turanting Officers					
b. Compensation of General E						
c. Net Payroll - NC (Line 10a						
 a. Gross Payroll - Everywhere 						
b. Compensation of General E						
c. Net Payroll - Everywhere (I	Line 11a minus Line 11b)					
2. Payroll Factor	a. Enter amount from Line 10c					
-	b. Enter amount from Line 11c					
	 c. Divide Line 12a by 12b; enter factor here 					
3. Gross Receipts - NC						
4. Gross Receipts - Everywhere						
5. Sales Factor	a. Enter amount from Line 13					
	b. Enter amount from Line 14					
	c. Divide Line 15a by 15b; multiply the result					
	by 3 and enter factor here					
6 Total Fastora (Add Lines C. d	•					
6. Total Factors (Add Lines 9c, 1						
1. No Combined Apportionmer	nt Factor (Divide Line 16 by 5 or the number of ere and on Form CD-405, Schedule B, Line 17.)					I _

6. Total estimated tax payments (Add Lines 1 through 5. Enter total on Form CD-405, Schedule B, Line 29b)

 Total income tax extension payments. (From Form CD-419, Line 10) Add Columns A through C. Enter total on Form CD-405, Schedule B, Line 29a. •00

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Schedule E. Combined Apportionment Factor (continued)							
	A	В	с	D	E		
Part 2. Single Sales Factor (Excluded corporations, qualified capital intensive				Eliminations			
corporations, and certain public utilities must apportion North Carolina corporate income tax using the sales factor alone. See G.S.105-130.4 for more information.)	Principal Member Name	Member Name	Member Name	between members (attach schedule)	Combined Totals		
	FEIN	FEIN	FEIN				
1. Gross Receipts - NC							
2. Gross Receipts - Everywhere							
 Sales Factor (Divide Line 1 by Line 2. Enter factor on Form CD-405, Schedule B, Line 17) 					%		
companies. The respective tax statutes should be consulted for additional information. If the combined group uses a special apportionment factor, enter factor for the group on Form CD-405, Schedule B, Line 17. See G.S.105 -130.4 for more information.)							
	A	В	С		E		
Schedule F. Schedule of Payments Made by Each Member							
of the Combined Group	Principal Member Name	Member Name	Member Name				
					Combined Totals		
	FEIN	FEIN	FEIN		Combined Totals		
1. First estimated tax payment (From Form CD-429)	FEIN	FEIN	FEIN		Combined Totals		
 First estimated tax payment (From Form CD-429) Second estimated tax payment (From Form CD-429) 	FEIN	FEIN	FEIN		Combined Totals		
	FEIN	FEIN	FEIN		Combined Totals		
2. Second estimated tax payment (From Form CD-429)	FEIN	FEIN	FEIN		Combined Totals		