





Guidelines



Do not use red ink. Use blue or black ink.









Do not use dollar signs, commas, or other punctuation marks.







Printing



Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.



Do not select "print on both sides of paper."



Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.



NCDOR CD-405 Web C-Corporation Tax Return 2019

For o	ralendar year 2019 or ratax year beginning (MM-DD)	and ending	DOR Use Only	
	Name (First 35 Characters)(USE CAPITAL LETTERS FOR YOUR NAME AND A	DDRESS)	Federal Employe	r ID Number
Addres	es		Secretary of Stat	e ID NAICS Code
City		State Zip Code	Cross Pessints	Dolor.
			Gross Receipts /	
	│ Initial Return │ Captive REIT in all │ Final Return │ Tax Exempt	NC-Rehab is attachedNC-478 is attached	Total Assets per	
	olicable Short Year Return Non U.S./Foreign Combined Return (App)	Has Escheatable Propertoved Taxpayers Only)	ty	
Fede	ral Extension Were you granted an automatic extension	<u> </u>	, ,	
ABC	N.C. Education Endowment Fund: You may contribute to all of your overpayment to the Fund. To make a contribution To designate your overpayment to the Fund, enter the amount	, enclose Form NC-EDU and y	our payment of \$	
	1. Net Worth	Holding	► 1.	
Тах	(From Schedule C, Line 9) 2. Investment in N.C. Tangible Property	Company Exception (See instructions)	▶ 2.	00
e Te	(From Schedule D, Line 8) 3. Appraised Value of N.C. Tangible Property	O		, , .00
Franchise	(From Schedule E, Line 2)		▶ 3.	00
-ran	4. Taxable Amount Line 1, 2, or 3, whichever is greatest		4.	,, •00
of	5. Total Franchise Tax Due Multiply Line 4 by .0015 (\$1.50 per \$1,000.00 - minimum \$200.00)		▶ 5.	, , .00
tion	6. Payment with Franchise Tax Extension (From Form CD-419, Line 9) When filing an amended return, see instructions.		▶ 6.	
outa	7. Tax Credits (From Form CD-425, Part 2, Line 14) If a tax credit is taken on Line 7, Form CD-425 MUST be attached.		▶ 7.	
Computation of	8. Franchise Tax Due - If the sum of Line 6 plus 7 is less than Line 5, enter difference here and on Page 2, Line 31		8. \$	
(€)	9. Franchise Tax Overpaid - If the sum of Line 6 plus 7 is		▶ 9.	, , , , , ,
	more than Line 5, enter difference here and on Page 2 10. Federal Taxable Income Before NOL	amount on Line 10-12, 14-16, or		
		18-20 is negative, fill in circle. Example:	▶ 10. ○	, , .00
Тах	11. Adjustments to Federal Taxable Income (From Schedule H, Line 5)		11. O	00
me	12. Net Income Before Contributions Add Lines 10 and 11		12. 🔾	00
lucc	13. Contributions to Donees Outside N.C.		▶ 13.	
ate	(From Schedule I, Line 1c) 14. N.C. Taxable Income		14.	, , , , , , , , , , , , , , , , , , , ,
l po	Line 12 minus Line 13 15. Nonapportionable Income	630	→ 15. ○	
ပို	(From Schedule N, Line 1) 16. Apportionable Income	010	-	,, •00
n o	Line 14 minus Line 15	02	▶ 16. ○	00
tatio	17. Apportionment Factor - Enter to four decimal place (From Schedule O, Part 1; Part 2 - Line 9 or Part 3)	ces	▶ 17.	%
Computation of Corporate Income	18. Income Apportioned to N.C. Multiply Line 16 by factor on Line 17		▶ 18. ○	, ,
	19. Nonapportionable Income Allocated to N.C. (From Schedule N, Line 2)		▶ 19. ○	00
@	20. Income Subject to N.C. Tax Add Lines 18 and 19	== ,	▶ 20. ○	00
	21. Percentage Depletion over Cost Depletion on N (See Instructions)	I.C. Property	▶ 21.	.00

Page	2, CD-	405 Web, 8-19 Legal Name	FEIN	
Corporate Income Tax	22.		nount on Line	
	23.	Income Before Contributions to N.C. Donees	25 is negative ill in circle. Example:	
	24.	Contributions to N.C. Donees (From Schedule I, Line 2e)	▶ 24.	
	25.	Net Taxable Income Line 23 minus Line 24	25. 🔾	
	26.	N.C. Net Income Tax Multiply Line 25 by 2.5%	▶ 26.	
	27.	Payments and Credits When filing an amended return, see instructions.		, ,
		a. Income Tax Extension (From Form CD-419, Line 10)	▶ 27a.	,
o		b. 2019 Estimated Tax	63 ▶ 27b.	,
		c. Partnership (If a partnership payment is taken on Line 27c, a copy of Form D-403 NC K-1 MUST be attached.)	00 N ≥ 27c.	,
pute		d. Nonresident Withholding (Include copy of 1099 or W-2)	© 27d.	
Computation		e. Tax Credits (From Form CD-425, Part 4, Line 30) If a tax credit is taken on Line 27e, Form CD-425 MUST be attached.	▶ 27e.	,
(e)	28.	Add Lines 27a through 27e	28.	
	29.	Income Tax Due - If Line 28 is less than Line 26, enter difference here and on Line 32, below	29. \$	
	30.	Income Tax Overpaid - If Line 28 is more than Line 26, enter difference here and on Line 32, below	▶ 30.	,
	31.		on Line 31-33 is an 31.	
	32.	Income Tax Due or Overpayment	ment fill in circle. Example: 32.	, , , , , , , , , , , , , , , , , , , ,
	33.	(From Schedule B, Line 29 or 30) Balance of Tax Due or Overpayment	33. ()	,,
	34.	Add (or subtract) Lines 31 and 32 Underpayment of Estimated Income Tax (Enter letter in exceptions box, if applicable. See instructions.) Exception Underpay of Estimated Income Tax	to ment	,,
fund	35.	, <u>G. 25</u>	(Add Lines 35a	00
Re		►00 ►	and 35b and enter the total on Line 35c)	,
Due or	36.	Total Due - Add Lines 33, 34, and 35c and enter result here, but not less than zero. If less than zero, enter amount on Line 37 Pay your tax online. See instructions.	Pay in U.S. Currency 36. From a Domestic Bank	,
Tax D	37.	Overpayment	37.	
Te	38.	Amount of Line 37 applied to 2020 Estimated Income T	ax ▶ 38.	
	39.	Amount of Line 37 contributed to N.C. Nongame and Endang	gered Wildlife Fund ▶ 39.	
	40.	Amount of Line 37 contributed to N.C. Education Endov	vment Fund ▶ 40.	
	41.	Amount to be Refunded Line 37 minus Lines 38, 39, and 40	▶ 41.	,
I decla	are and c	tertify that I have examined this return and accompanying schedules and statements, a	nd to the best of my knowledge and belief, they are Corporate Phone Number	true, correct, and complete.
Signature and Title of Officer: Date Corporate Prione Number (Include area code) ———————————————————————————————————				
	If p	the paid preparer below. Contact Phone Number (Include area code)		
PAID PREPARER	E ONLY	ormation of which the preparer has any knowledge.	<u></u>	<u> </u>
		nature of Paid Preparer: Date N.C. Dept. of Revenue, P.O. Box 25000, Raleigh, N.C. 27640-0500. Ret	ill in applicable circle: FEIN	SSN PTIN
		= -pa	and and my and rounday of the full life	sale and end of the income year.

Page 3, CD-405 Web, 8-19 Legal Name	FEIN
© Net Worth	
1. Total assets (See instructions for definition)	100
2. Total liabilities	2
3. Line 1 minus Line 2	300
4. Accumulated depreciation, depletion, and amortization permitted for income tax p (Attach Schedule)	urposes 400
5. Line 3 minus Line 4	5
6. Affiliated indebtedness (Attach schedule)	
	6 _ 00
7. Line 5 plus (or minus) Line 6	700
8. Apportionment factor (From Schedule O, Part 1; Part 2 - Line 9; or Part 3)	8 %
9. Net Worth Multiply Line 7 by factor on Line 8 and enter result here and on Schedule A, Line 1. If amount on Line 9 is less than zero, enter zero on Schedule A, Line 1.	900
Investment in N.C. Tangible Property	
Inventory valuation method: 1. Total value of inventories located in N.C. FIFO Lower of cost or market Other_	100
2. Total value of furniture, fixtures, and machinery and equipment located in N.C.	FO valuation not permitted) 200
3. Total value of land and buildings located in N.C.	300
Total value of leasehold improvements and other tangible property located in N.C.	
5. Add Lines 1 through 4 and enter total	500
6. Accumulated depreciation, depletion, and amortization with respect to N.C. tangib	
7. Debts existing for the purchase or improvement of N.C. real estate	7 1 00
8. Investment in N.C. Tangible Property Line 5 minus Lines 6 and 7; enter amount here and on Schedule A, Line 2	800
Appraised Value of N.C. Tangible Property	
1. Total appraised value of all N.C. tangible property, including motor vehicles (If tax year ends December 31, 2018 through September 30, 2019, enter the appraised cou of all real and tangible property located in N.C. as of January 1, 2018, including any motor vassessed during the tax year. Otherwise, enter value as of January 1, 2019.)	nty tax value 1∎00
2. Appraised Value of N.C. Tangible Property	2. 🗓 00
Multiply Line 1 by 55%; enter here and on Schedule A, Line 3	2.
F Other Information - All Taxpayers Must Complete this Schedule	
1. State of incorporation Date incorp	
2. Date Certificate of Authority was obtained from N.C. Secretary of State	
3. Regular or principal trade or business in N.C Eve	
4. Principal place from which business is directed or managed	
5. What was the last year the IRS redetermined the corporation's federal taxable inc	
6. Were the adjustments reported to N.C.? O Yes O No If so, when?	
7. Does this corporation finance or discount its receivables through a related or an a	ffiliated company? O Yes O No
8. Is this corporation subject to franchise tax but not N.C. income tax because the coare protected under P.L. 86-272? (Attach detailed explanation) Yes No	orporation's income tax activities
9. Officers' names and addresses:	
President Secretary	
Vice-President Treasurer	

G Federal Taxable Income Bet Complete this schedule if you do not attach a copy	
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. Dividends (Attach schedule)	00
 a. Interest on obligations of the United States and its instrumentalities 	00
b. Other interest	00
6. Gross rents	00
7. Gross royalties (Attach schedule)	00
8. Capital gain net income (Attach schedule)	00
9. Net gain (loss) (Attach schedule)	00
10. Other income (Attach schedule)	00
11. Total Income Add Lines 3 through 10	00
12. Compensation of officers	00
(Attach schedule, including addresses) 13. Salaries and wages	00
(Less employment credits)	00
14. Repairs and maintenance	00
15. Bad debts	00
16. Rents	00
17. Taxes and licenses	00
18. Interest	00
19. Charitable contributions	00
20. a. Depreciation	
b. Depreciation included in cost of goods sold	
c. Balance (Line 20a minus Line 20b)	00
21. Depletion	00
22. Advertising	00
23. Pension, profit-sharing, and similar plans	00
24. Employee benefit programs	00
25. Reserved for future use	
26. Other deductions (Attach schedule)	00
27. Total Deductions Add Lines 12 through 26	00
28. Taxable Income per Federal Return Before NOL and Special Deductions Line 11 minus Line 27	00
29. Special Deductions (From Federal Form 1120, Line 29b)	00
30. Federal Taxable Income Before NOL	
Line 28 minus Line 29; enter amount here and on Schedule B, Line 10	. 00

Adjustments to Federal Taxable Income				
1. Additions:				
a. Taxes based on net income	00			
b. Contributions	00			
c. Royalties to related members	00			
d. Net interest expense to related members	00			
e. Expenses attributable to income not taxed	00			
f. Bonus depreciation	00			
g. Section 179 expense deduction	00			
h. Other (Attach explanation or schedule)	00			
2. Total Additions (Add Lines 1a-1h)	00			
Deductions: a. U.S. obligation interest (net of expenses) (Attach schedule)	00			
b. Other deductible dividends	00			
c. Royalties from related members	00			
d. Qualified interest expense to related members	00			
e. Bonus depreciation	00			
f. Section 179 expense deduction	00			
g. Other (Attach explanation or schedule)	00			
4. Total Deductions (Add Lines 3a-3g)	00			
5. Adjustments to Federal Taxable Income Line 2 minus Line 4, enter amount here and on Schedule B, Line 11	•00			
Contributi Contributions to Donees Outside N.C.	ons			
a. Enter total contributions to donees				
outside N.C. b. Multiply the amount shown on Schedule B, Line 12 by 5% if Line 12 is greater than zero. Otherwise, enter zero here.	00			
c. Amount Deductible				
Enter the lesser of Line 1a or 1b here and on Schedule B, Line 13	_00			
2. Contributions to N.C. Donees				
Enter total contributions to N.C. donees other than those listed in Line 2d, below	00			
b. Multiply the amount shown on Schedule B, Line 23 by 5% if Line 23 is greater than zero. Otherwise, enter zero here.	00			
c. Enter the lesser of Line 2a or 2b	00			
d. Enter total contributions to the State of N.C. and its political subdivisions e. Amount Deductible	00			
Add Lines 2c and 2d; enter total here and on Schedule B, Line 24	.00			
Explanation of Changes for Amended Return Attach additional sheets if necessary				

Other decreases (itemize):

Balance at End of Year (Line 4 minus Line 7)

Add Lines 5 and 6

7.

Add Lines 1, 2, and 3

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	Complete this schedule if you have income classified as nonapportionable income. See the instructions for an explanation of what is apportionable income and what is nonapportionable income.				
	(A) Nonapportionable Income	(B) Gross Amounts	(C) Related Expenses*	(D) Net Amounts (Column B minus Column C)	(E) Net Amounts Allocated Directly to N.C.
Ø					
Ĕ					
<u>n</u> c					
ple	Nonapportionable Income (Enter the total or	f Column D here and on	Schedule B, Line 15)	.00	
tional	Nonapportionable Income Allocated to and on Schedule B, Line 19)			100	.00
Nonapportionable Income	(Attach additional sheets if necessary) * For an acceptable means of computing related expenses, see 17 N.C.A.C. 5C .0304. Part 1. Domestic and Other Corporations Not Apportioning Franchise or Income Outside N.C.				
_	Part 2. Corporations Apportioning Franchise or Income to N.C. and to Other States Note: Apportionment forters must be coloulated 4 places to the right of the decimal. Example: 99,9999 %				
ō	Note: Apportionment factors must be calculated 4 places to the right of the decimal.			77.7777 /0	
act		_	1. W	ithin North Carolina 2	Total Everywhere
n F	 Gross Receipts Subject to Apportionmen Gross Rents Subject to Apportionment 	į.			
me	Gross Revision Subject to Apportionment Gross Royalties Subject to Apportionment	ıt			
ion	Dividends Subject to Apportionment	•			
ort	5. Interest Subject to Apportionment				
dd	6. Other Apportionable Income				
of A	7. Share of Receipts from Noncorporate Enti	ities Subject to Appor	tionment		
on c	8. Total (Add Lines 1 through 7 for each column)	1			
Computation of Apportionment Factor	9. N.C. Apportionment Factor (Divide Line 8 Column 1 by Line 8 Column 2; enter the factor here, on Schedule B, Line 17, and Schedule C, Line 8. See instructions and G.S. 105-130.4 for more information.)				
© Cor	Part 3. Special Apportionment Special apportionment formulas apply to certain types of corporations such as air transportation companies, water transportation companies, pipeline companies, and railroad companies. If you use a special apportionment formula, enter the computed apportionment factor here, on Schedule B, Line 17, and on Schedule C, Line 8. (See instructions and G.S.105 -130.4 for more information.)				