





## **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 7-21 | C-Corporation Tax Return 2021

| For cal                         | endar year <b>2021</b> or and endiax year beginning (MM-DD) = = <b>2_1</b> and endiax year beginning (MM-DD)                      |  | DOR<br>Use<br>Only           |                                 |
|---------------------------------|---|--|------------------------------|---------------------------------|
| Legal I                         | lame (First 35 Characters)(USE CAPITAL LETTERS FOR YOUR NAME AND ADDRES   | S)   | Federal Employ               | er ID Number                    |
| Addres                          | s   |  | Secretary of Sta             | te ID NAICS Code                |
|                                 |   |  | —                            | • MAIGG Gode                    |
| City                            |   | State Zip Code                                 | Gross Receipts               | / Sales                         |
|                                 | ○ Initial Return ○ Captive REIT ○   | NC-Rehab is attached                           |                              | 00                              |
| ▶ app                           | slicable  | )NC-478 is attached<br>)Has Escheatable Proper | Total Assets per             |                                 |
|                                 | ○ Amended Return ○ Combined Return (Approved 7  ral Extension Were you granted an automatic extension to file                     |  | e tax return (Form 1120)     | 00 Yes ○ No                     |
| -}-                             | N.C. Education Endowment Fund: You may contribute to the N. all of your overpayment to the Fund. To make a contribution, enclosed | C. Education Endowmer                          | nt Fund by making a cont     |                                 |
|                                 | To designate your overpayment to the Fund, enter the amount of you  | ur designation on Page 2,                      | Line 40. See instructions    | for information about the Fund. |
| ¥                               | (From Schedule C, Line 9)   | Holding<br>ompany<br>cception                  | <b>1</b> .                   |                                 |
| Тах                             | (From Schedule D, Line 8)   | instructions)                                  | <b>&gt;</b> 2.               |                                 |
| Franchise                       | 3. Appraised Value of N.C. Tangible Property (From Schedule E, Line 2)  |  | ▶ 3.                         | 00                              |
| ranc                            | <b>4. Taxable Amount</b> Line 1, 2, or 3, whichever is greatest   |  | 4.                           | 00                              |
|                                 | 5. Total Franchise Tax Due  Multiply Line 4 by .0015 (\$1.50 per \$1,000.00 - minimum \$20  | <b>▶</b> 5.                                    | · · · · · · · · · · · · • 00 |                                 |
| ion                             | Rayment with Franchise Tax Extension (From Form When filing an amended return, see instructions.                                  | <b>▶</b> 6.                                    | - 00                         |                                 |
| Computation of                  | 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 attach                | <b>▶</b> 7.                                    |                              |                                 |
| dwc                             | 8. Franchise Tax Due - If the sum of Line 6 plus 7 is less  | 8. \$  |                              |                                 |
| _                               | than Line 5, enter difference here and on Page 2, Line 31  9. Franchise Tax Overpaid - If the sum of Line 6 plus 7 is             |  | Ψ                            | , ,                             |
| ⊗                               | more than Line 5, enter difference here and on Page 2, Line   |  | <u> </u>                     |                                 |
|                                 | (From Schedule G, Line 30 or Federal Form 1120,   | 5 110 gaar 5, 1 117 511 515.                   | ▶ 10. ○                      | 00                              |
| Тах                             | 11. Adjustments to Federal Taxable Income (From Schedule H, Line 5)   | Example:                                       | ▶ 11. ○                      |                                 |
|                                 | 12. Net Income Before Contributions Add Lines 10 and 11   |  | 12. 🔾                        | .00                             |
| lnco                            | 13. Contributions to Donees Outside N.C.  |  | <b>▶</b> 13.                 |                                 |
| ate                             | (From Schedule I, Line 1c)  14. N.C. Taxable Income   |  | 14.                          | 00                              |
| rpor                            | Line 12 minus Line 13  15. Nonapportionable Income  | 63   | - 15                         |                                 |
| Computation of Corporate Income | (From Schedule N, Line 1)  16. Apportionable Income   | 010  |                              | <b>,,</b> •00                   |
|                                 | Line 14 minus Line 15   | 602  | <b>1</b> 6. O                | 00                              |
| tatio                           | 17. Apportionment Factor - Enter to four decimal places (From Schedule O, Part 1; Part 2 - Line 9 or Part 3)                      | 3  | <b>▶</b> 17.                 | %                               |
| nbut                            | <b>18. Income Apportioned to N.C.</b> Multiply Line 16 by factor on Line 17   |  | ▶ 18. ○                      |                                 |
| Cor                             | 19. Nonapportionable Income Allocated to N.C. (From Schedule N, Line 2)   |  | 19. 0                        | 00                              |
| <b>®</b>                        | 20. Income Subject to N.C. Tax Add Lines 18 and 19  |  | ▶ 20. ○                      | 00                              |
|                                 | 21. Percentage Depletion over Cost Depletion on N.C. P  | roperty  | <b>→</b> 21.                 |                                 |

| Page   | <b>2,</b> CD- | 405 Web, 7-21 <b>Legal Name</b>   | FEIN   |  |
|--|---------------|---|--|--|
|  | 22.           | State Net Loss (Attach schedule)  | If amount on Line 22.  |  |
| Computation of Corporate Income Tax                  | 23.           | Income Before Contributions to N.C. Donees  | 23 or 25 is negative fill in circle.   |  |
|  | 24.           | Line 20 minus Lines 21 and 22  Contributions to N.C. Donees   | Example: ▶ 24.   | ,                |
|  | 25.           | (From Schedule I, Line 2e)  Net Taxable Income  | 25. ()   | .,,00  |
|  | 26.           | Line 23 minus Line 24  N.C. Net Income Tax  | <b>■ ≥</b> 26.   |  |
|  |               | Multiply Line 25 by 2.5%  | 20.  | ,  |
|  | 27.           | Payments and Credits When filing an amended return, see instructions.   |  |  |
|  |               | a. Income Tax Extension (From Form CD-419, Line 10)   | ▶ 27a.   | , , 00   |
|  |               | b. 2021 Estimated Tax   | © ≥ 27b.   |  |
|  |               | c. Partnership (If a partnership payment is taken on Line 27c. a copy of Form D-403 NC K-1 MUST be attached.                                    | <b>□</b>   |  |
| uta  |               | d. Nonresident Withholding (Include copy of 1099 or W-2)  | ∑ ≥ 27d.   |  |
| omp  |               | e. Tax Credits (From Form CD-425, Part 4, Line 30)  If a tax credit is taken on Line 27e.   | ▶ 27e.   |  |
| _  | 28            | Form CD-425 MUST be attached.  Add Lines 27a through 27e  | 28.  |  |
| (B)  |               | -   |  | , ,  |
|  |               | <b>Income Tax Due -</b> If Line 28 is less than Line 26, enter difference here and on Line 32, below  | 29. \$   |  |
|  | 30.           | <b>Income Tax Overpaid</b> - If Line 28 is more than Line 26, enter difference here and on Line 32, below                                       | ▶ 30.  |  |
|  | 31.           |   | unt on Line 31-33 is an payment fill in circle.  |  |
|  | 32.           | Income Tax Due or Overpayment   | Example: 32. O   |  |
|  | 33.           | (From Schedule B, Line 29 or 30)  Balance of Tax Due or Overpayment   | 33. 🔾  |  |
|  | 34.           | Underpayment of Estimated Income Tax Under  | tion to payment  |  |
| nud  | 35.           |   | mated Tax 34.  | ,  |
| Refu   |               | ▶   | and 35b and<br>enter the total<br>on Line 35c)   |  |
| e or   | 36.           | <b>Total Due</b> - Add Lines 33, 34, and 35c and enter result her but not less than zero. If less than zero, enter amount on Line               |  |  |
| k Due  | 37.           | Pay your tax online. See instructions.  Overpayment   | 37.  |  |
| Тах  |               | Amount of Line 37 applied to 2022 Estimated Incom   | e Tax ► 38.  |  |
|  |               | Amount of Line 37 contributed to <b>N.C. Nongame and Enc</b>  |  | , ,  |
|  |               | Amount of Line 37 contributed to <b>N.C. Education En</b>   |  |  |
|  |               | Amount to be Refunded   |  | <b>, ,</b>   |
|  |               | Line 37 minus Lines 38, 39, and 40  | <b>▶</b> 41.   | , ,  |
| I declare  | and cer       | ify that I have examined this return and accompanying schedules and statements  | s, and to the best of my knowledge and belief, they are true, correctly Corporate Phone Number | ect, and complete.                                     |
| Signatu  | re and T      | itle of Officer: Date   | (Include area code)  |  |
|  |               | Check here if you authorize the North Carolina Department of Reve<br>epared by a person other than taxpayer, this certification is based on all | •  | d preparer below.  ct Phone Number (Include area code) |
| information of which the preparer has any knowledge. |               |   |  | _  |
|  |               | nature of Paid Preparer: Date   | Fill in applicable circle:   | SSN O PTIN   |
| MAI  | L TO:         |   | Returns are due by the 15th day of the 4th month aft   | er the end of the income year.                         |

| Page 3, CD-405 Web, 7-21 Legal Name   | FEIN                          |             |
|---|-------------------------------|-------------|
| © Net Worth   |                               |             |
| 1. Total assets (See instructions for definition)   | 1                             | 00          |
| 2. Total liabilities  | 2                             | _ •00       |
| 3. Line 1 minus Line 2  | 3                             | _ •00       |
| <b>4.</b> Accumulated depreciation, depletion, and amortization permitted for income tax purpos (Attach Schedule)   | es 4                          | •00         |
| 5. Line 3 minus Line 4  | 5                             | 00          |
| 6. Affiliated indebtedness (Attach schedule)  |                               |             |
|   | 6                             |             |
| 7. Line 5 plus (or minus) Line 6  | 7                             | _           |
| 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.  | 9.                            | .00         |
| 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   | 1                             | -00         |
| 2. Total value of furniture, fixtures, and machinery and equipment located in N.C.  | n not permitted)              |             |
| 3. Total value of land and buildings located in N.C.  | 3.                            |             |
| 4. Total value of leasehold improvements and other tangible property located in N.C.  | 4                             |             |
|   | 5                             |             |
| 5. Add Lines 1 through 4 and enter total  |                               |             |
| <b>6.</b> Accumulated depreciation, depletion, and amortization with respect to N.C. tangible pro   | `                             |             |
| 7. Debts existing for the purchase or improvement of N.C. real estate   | 7                             | 00          |
| 8. Investment in N.C. Tangible Property Line 5 minus Lines 6 and 7; enter amount here and on Schedule A, Line 2   | 8.                            | <b>.</b> 00 |
| 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, 2020 through September 30, 2021, enter the appraised county tax of all real and tangible property located in N.C. as of January 1, 2020, including any motor vehicle assessed during the tax year. Otherwise, enter value as of January 1, 2021.) | value 1.                      | •00         |
| 2. Appraised Value of N.C. Tangible Property  | 2.                            | <b>.</b> 00 |
| Multiply Line 1 by 55%; enter here and on Schedule A, Line 3  |                               |             |
| F Other Information - All Taxpayers Must Complete this Schedule   |                               |             |
| 1. State of incorporation Date incorporate  |                               |             |
| 2. Date Certificate of Authority was obtained from N.C. Secretary of State  |                               |             |
| 3. Regular or principal trade or business in N.C Everywh  |                               |             |
| 4. Principal place from which business is directed or managed   |                               |             |
| 5. What was the last year the IRS redetermined the corporation's federal taxable income?  |                               |             |
| <b>6.</b> 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 affiliate  | ed company? O Yes O No        |             |
| 8. Is this corporation subject to franchise tax but not N.C. income tax because the corpora are protected under P.L. 86-272? (Attach detailed explanation) ○ Yes ○ No   | ation's income tax activities |             |
| 9. Officers' names and addresses:   |                               |             |
| President Secretary   |                               |             |
| Vice-President Treasurer  |                               |             |

| G Federal Taxable Income Be<br>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         |
| <ol> <li>a. Interest on obligations of the<br/>United States and its<br/>instrumentalities</li> </ol> | 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         |
| <b>11. Total Income</b> Add Lines 3 through 10  | 00         |
| 12. Compensation of officers (Attach schedule, including addresses)                                   | 00         |
| 13. Salaries and wages (Less employment credits)  | 00         |
| <b>14.</b> 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         |
| <b>25.</b> Reserved for future use  |            |
| <b>26.</b> Other deductions (Attach schedule)   | 00         |
| 27. Total Deductions<br>Add Lines 12 through 26   | 00         |
| 28. Taxable Income per Federal Return<br>Before NOL and Special Deductions<br>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                                   | <b>_00</b> |

| Adjustments to Federa  | I 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)   | <b></b> 00       |
| Deductions:     a. U.S. obligation interest (net of expenses)     (Attach schedule)                                    | 00               |
| b. Other deductible dividends  | 00               |
| c. Royalties from related members  |                  |
| d. Qualified interest expense to related members   |                  |
| e. Bonus depreciation  | 00               |
| f. Section 179 expense deduction   | 00               |
| g. Other (Attach explanation or schedule)  | <b></b> 00       |
| 4. Total Deductions (Add Lines 3a-3g)  | .00              |
| 5. Adjustments to Federal  |                  |
| Taxable Income<br>Line 2 minus Line 4, enter amount<br>here and on Schedule B, Line 11                                 | <b>.</b> 00      |
| ① Contributi   | ons              |
| 1. Contributions to Donees Outside N.C.  | 1                |
| 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<br>here and on Schedule B, Line 13   | <u>.</u> 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<br>Schedule B, Line 23 by 5% if Line<br>23 is greater than zero. Otherwise,            | •00              |
| enter zero here.   |                  |
| c. Enter the lesser of Line 2a or 2b d. Enter total contributions to the State   | 00               |
| 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   | <b>.</b> 00      |
| <ul><li>① Explanation of Changes for</li></ul>   |                  |
| Attach additional sheets   | o II TIECESSAI Y |
|  |                  |
|  |                  |
|  |                  |
|  |                  |

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

Add Lines 1, 2, and 3

| Page 6  | , CD-405 Web, 7-21 Legal Name  |  |  | FEIN                                     |                      |  |
|---|--|--|--|--|----------------------|--|
|   | Complete this schedule if you have income capportionable income and what is nonapp   | lassified as nonappor<br>portionable income.   | tionable income. Se                        | e the instructions for an ex             | planation of what is |  |
|   | (A) Nonapportionable Income  | (B) Gross<br>Amounts   | (C) Related<br>Expenses*                   | (D) Net Amounts<br>(Column B minus Colum |                      |  |
|   |  |  |  |  |                      |  |
|   |  | -  |  |  |                      |  |
| ne  |  |  |  |  |                      |  |
| COL   |  |  |  | _  |                      |  |
| le Ir   | 4. Nonannartianable Income. (Enter the total   | of Column D have and an  | Sahadula B. Lina 15)                       |  | 00                   |  |
| Nonapportionable Income   | Nonapportionable Income (Enter the total     Nonapportionable Income Allocated to  |  | •  |  | .00                  |  |
| ortic   | and on Schedule B, Line 19)  Explanation of why income listed in chart   | is nonannortionable i  | income rather than a                       | annortionable income                     | .00                  |  |
| dd  | Explanation of why income listed in chart  | із попарропіонавіе   | income rather than a                       | арропіонавіе інсотіе.                    |                      |  |
| na  |  |  |  |  |                      |  |
| ŝ   |  |  |  |  |                      |  |
| 2   |  |  |  |  |                      |  |
| •   |  |  |  |  |                      |  |
|   |  |  |  |  |                      |  |
|   |  |  |  |  |                      |  |
|   |  |  |  |  |                      |  |
|   |  |  |  |  |                      |  |
| $\overline{}$   |  |  |  |  |                      |  |
|   | (Attach additional sheets if necessary)  |  |  |  |                      |  |
|   | * For an acceptable means of computing related e   | expenses, see 17 N.C.A.  | .C. 5C .0304.                              |  |                      |  |
|   | Part 1. Domestic and Other Corporati   | ons Not Apportionii  | ortioning Franchise or Income Outside N.C. |  |                      |  |
|   | Enter 100% on Schedule B, Line 17 and Schedule C, Line 8   |  |  |  | 100.0000 70          |  |
| Part 2. Corporations Apportioning Franchise or Income to N.C. and to Other States  Note: Apportionment factors must be calculated 4 places to the right of the decimal. |  |  |  |  | 99.9999 %            |  |
| Ö   | <b>Note:</b> Apportionment factors <b>in</b> t   | ist be calculated 4 p  |  | 10                                       | 0.7/15               |  |
| act   |  |  | 1. V                                       | Vithin North Carolina                    | 2. Total Everywhere  |  |
| Ħ.  | 1. Gross Receipts Subject to Apportionme   | nt   |  |  |                      |  |
| en  | 2. Gross Rents Subject to Apportionment  |  |  |  |                      |  |
| п   | 3. Gross Royalties Subject to Apportionme  | ent  |  |  |                      |  |
| ţ   | 4. Dividends Subject to Apportionment  |  |  |  |                      |  |
| ŏ   | 5. Interest Subject to Apportionment   |  |  |  |                      |  |
| φ   | 6. Other Apportionable Income  |  |  |  |                      |  |
| of 7  | 7. Share of Receipts from Noncorporate Er  | tities Subject to Appo   | ortionment                                 |  |                      |  |
| on  | 8. Total (Add Lines 1 through 7 for each colum   | n)   |  |  |                      |  |
| tati  | 9. N.C. Apportionment Factor   |  |  |  |                      |  |
| Computation of Apportionment Fact   | (Divide Line 8 Column 1 by Line 8 Column 2; e  | Divide Line 8 Column 1 by Line 8 Column 2; enter the factor here, on Schedule B, Line 17, and Schedule C, Line 8.  % ee instructions and G.S. 105-130.4 for more information.) |  |  |                      |  |
| Son   | Part 3. Special Apportionment For  | mulae  |  |  |                      |  |
| <b>○</b>  | Special apportionment formulas   | apply to certain type  | s of corporations su                       | ch as banks, wholesale                   |                      |  |
| $\mathbf{U}$  | content distributors, electric power companies, 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. Attach a schedule to support the special apportionment calculation. (See instructions and |  |  |  |                      |  |
| \   |  |  |  |  | 0/2                  |  |
|   | formula, enter the computed app  | ortionment factor her  | e, on Schedule B, Li                       | ne 17, and on Schedule                   | %                    |  |