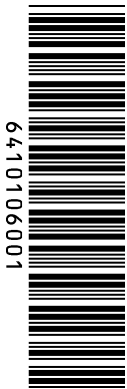


Application for Extension Franchise and Corporate Income Tax

North Carolina Department of Revenue

▶ An automatic 7 month extension is requested for the tax year beginning - - and ending - -
(MM-DD-YY) (MM-DD-YY)

<p>Legal Name (First 28 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)</p> <input style="width: 95%; height: 20px;" type="text"/> <p>Street Address</p> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <p>City <input style="width: 35%; height: 20px;" type="text"/> State <input style="width: 10%; height: 20px;" type="text"/> Zip Code <input style="width: 25%; height: 20px;" type="text"/></p>	<p>Federal Employer ID Number</p> <p>▶ <input style="width: 95%; height: 20px;" type="text"/></p> <p>NC Secretary of State ID Number</p> <p>▶ <input style="width: 95%; height: 20px;" type="text"/></p> <p>Fill in appropriate circle if:</p> <p><input type="radio"/> Nonprofit</p> <p><input type="radio"/> Cooperative or Mutual Association</p> <p><input type="radio"/> First Time Filer</p> <p><input type="radio"/> Address has changed since prior return</p>
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Estimated Franchise and Corporate Income Tax Due	
1. Total Franchise Tax Expected – Minimum Tax \$35.00	1. <input style="width: 95%; height: 20px;" type="text"/> .00
2. Total Corporate Income Tax Expected <i>(Include \$20.00 Annual Report Fee when applicable)</i>	2. <input style="width: 95%; height: 20px;" type="text"/> .00
3. Tentative Franchise and Corporate Income Tax Due Line 1 plus Line 2	3. <input style="width: 95%; height: 20px;" type="text"/> .00
4. Estimated Income Tax Payments	4. <input style="width: 95%; height: 20px;" type="text"/> .00
5. Total Franchise and Corporate Income Tax Due with this Application Line 3 minus Line 4	5. \$ <input style="width: 95%; height: 20px;" type="text"/> .00
<p>Send full amount of tax due with this application. Application only extends the time allowed to file the return and does not extend the time allowed to pay the tax.</p>	

General Instructions

CD-419 is the only acceptable form to be used by corporations requesting an extension of time to file a franchise and corporate income tax return in this State. A copy of your federal extension is not a valid North Carolina extension. **North Carolina does not recognize or accept the federal extension.** An automatic seven (7) month extension will be granted if you properly complete this form and timely file it by the due date of the return to which the extension applies. Returns are due on or before the 15th day of the third month following the close of the taxable year except for certain nonprofit entities and cooperatives. Failure to pay the full amount of tax by the original due date of the return will result in the assessment of interest and late payment penalties as provided by statute. Pay in U.S. currency.

Signature and Title of Officer: _____ **Date:** _____
I certify that, to the best of my knowledge, this application is accurate and complete.

Signature of Preparer other than Taxpayer: _____ **Preparer's FEIN, SSN, or PTIN:** _____

MAIL TO: North Carolina Department of Revenue
P.O. Box 25000
Raleigh, North Carolina 27640-0520