

CD-419

Web-Fill
12 - 00

2000 Application for Extension

Franchise and Corporate Income Tax

North Carolina Department of Revenue

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.

Do not cut applications from this form.

Application for Extension Franchise Tax

North Carolina Department of Revenue

Beginning Tax Year (MM-DD-YY)

Ending Tax Year (MM-DD-YY)

Federal Employer ID Number

N.C. Secretary of State ID Number

Legal Name (First 24 Characters) USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS

1. Total Franchise Tax Due with this Application \$
Minimum Tax \$35.00

Address

City

State

Zip Code (5 Digit)

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. Application for extension of franchise tax not applicable to nonprofit entities and cooperatives or mutual associations.

Signature:

Date:

I certify that, to the best of my knowledge, this return is accurate and complete.

Title:

MAIL TO: P.O. Box 25000, Raleigh, N.C. 27640-0520



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Fill in circle if:

- Nonprofit
- Cooperative or Mutual Association

Application for Extension Corporate Income Tax

North Carolina Department of Revenue

Beginning Tax Year (MM-DD-YY)

Ending Tax Year (MM-DD-YY)

Federal Employer ID Number

N.C. Secretary of State ID Number

Legal Name (First 24 Characters) USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS

2. Total Corporate Income Tax Expected

3. Annual Report Fee

4. Estimated Income Tax Payments

5. Total Corporate Income Tax Due with this Application \$
Line 2 plus Line 3 minus Line 4

Address

City

State

Zip Code (5 Digit)

6. Amount of Enclosed Check
Line 1 plus Line 5

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.

Signature:

Date:

I certify that, to the best of my knowledge, this return is accurate and complete.

Title:

MAIL TO: P.O. Box 25000, Raleigh, N.C. 27640-0520



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