

2007 Partnership Income Tax Return

North Carolina Department of Revenue

For calendar year **2007**, or fiscal year beginning (MM-DD) _____ - _____ - **07** and ending (MM-DD-YY) _____ - _____ - _____

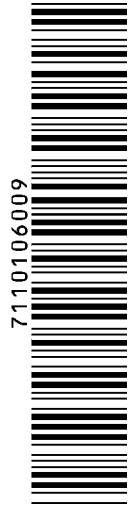
Legal Name (USE CAPITAL LETTERS FOR NAME AND ADDRESS)	Federal Employer ID Number	Fill in all applicable circles: <input type="radio"/> Initial Return <input type="radio"/> Amended Return <input type="radio"/> Final Return <input type="radio"/> Entity is Partnership <input type="radio"/> Entity is LLC <input type="radio"/> Entity has Nonresident Owners <input type="radio"/> Entity has Escheatable Property <input type="radio"/> NC-478 is attached
Legal Name Continued	If LLC, Enter N.C. Secretary of State ID	
Address		County (Enter first five letters)
City	State	Zip Code

Important: If partnership operated only in North Carolina and all partners were North Carolina residents, complete only Lines 4 and 6, Part 1 (and Lines 11 or 12 if any payments were made), Part 3A, and Part 4.

Part 1. Computation of Income Tax Due or Refund (See Form D-403A, Instructions for Partnership Income Tax Return.)

If amount on Line 1, 3, 5, 7, 8, or 9 is negative, fill in circle. Example:

Enter Whole U.S. Dollars Only



1. Enter the total income or loss (Add Lines 1 through 11 of Schedule K, Federal Form 1065)	▶ 1.	<input type="radio"/>	_____	.00
2. Guaranteed payments to partners (See instructions)	▶ 2.		_____	.00
3. Line 1 minus Line 2	3.	<input type="radio"/>	_____	.00
4. Additions to federal taxable income (From Part 4, Line 4)	▶ 4.		_____	.00
5. Add Lines 3 and 4	5.	<input type="radio"/>	_____	.00
6. Deductions from federal taxable income (From Part 4, Line 9). The total additions and deductions on Lines 4 and 6 should be allocated to the individual partners in Part 3 of this form	▶ 6.		_____	.00
7. Line 5 minus Line 6	7.	<input type="radio"/>	_____	.00
8. Net distributive partnership income to be apportioned to North Carolina (See instructions)	▶ 8.	<input type="radio"/>	_____	.00
9. Net distributive partnership income solely from business activities in North Carolina (See instructions)	▶ 9.	<input type="radio"/>	_____	.00
10. Total tax due for nonresident partners (Add the amounts on Part 3, Line 20 for each partner)	▶ 10.		_____	.00
11. Tax paid with extension	▶ 11.		_____	.00
12. Other prepayments of tax (If filing an amended return, see instructions)	▶ 12.		_____	.00
13. Tax paid by other partnerships or by S Corporations and tax withheld from personal services income (See instructions)	▶ 13.		_____	.00
14. Add Lines 11 through 13	14.		_____	.00
15. Net tax due for nonresident partners (If Line 10 is more than Line 14, subtract and enter the result)	▶ 15.		_____	.00
16. Penalties and interest (See instructions)	16.		_____	.00
17. Total Due for nonresident partners (Add Lines 15 and 16 and enter the result. The manager of the partnership must pay this amount with the return)	17.	\$	_____	.00
18. Amount to be Refunded (If Line 10 is less than Line 14, subtract and enter the result)	▶ 18.		_____	.00

Legal Name (First 10 Characters)

Federal Employer ID Number

Part 2. Apportionment Percentage for Partnerships That Have One or More Nonresident Partners and Operate in North Carolina and in One or More Other States

See Form D-403A, Instructions for Partnership Income Tax Return

	1. Within North Carolina		2. Total Everywhere		
	(a) Beginning Period	(b) Ending Period	(a) Beginning Period	(b) Ending Period	
1. Land					
2. Buildings					
3. Inventories					
4. Other property					
5. Total (Add Lines 1-4)					
6. Average value of property Add amounts on Line 5 for (a) and (b); divide by 2					
7. Rented property (Multiply annual rents by 8)					Factor
8. Property Factor Add Lines 6 and 7; divide Column 1 by Column 2 and enter factor					%
9. Gross payroll					
10. Compensation of general executive officers					
11. Payroll Factor Line 9 minus Line 10; divide Column 1 by Column 2 and enter factor					%
12. Sales Factor (Attach schedule) Divide Column 1 by Column 2 and enter factor					%
13. Sales Factor Enter the same factor as on Line 12					%
14. Total of Factors Add Lines 8, 11, 12, and 13					%
15. N.C. Apportionment Percentage Divide Line 14 by the number of factors present; enter result here and on Part 3, Line 12 for each nonresident partner					%

Legal Name (First 10 Characters)

Important

If more than three partners, include separate schedule for additional partners.

Federal Employer ID Number

Part 3. A. Partners' Shares of Income, Adjustments, Tax Credits, and Other Items

Complete Lines 1 through 8 for all partners.

B. Computation of North Carolina Taxable Income for Nonresident Partners

Complete Lines 9 through 17 for all nonresident partners.

C. Computation of Tax Due for Nonresident Partners on Whose Behalf the Partnership Pays the Tax

Complete Lines 18 through 20.

A	Partner 1	Partner 2	Partner 3
<p>Attach other pages if needed.</p> <p>1. Identifying Number</p> <p>2. Name</p> <p>3. Address</p> <p>4. Partner's share percentage <input type="text"/> %</p> <p>5. Type of partner (Ex: Ind., Corp., Part.)</p> <p>6. Additions to income (loss) (To Form NC K-1, Line 2)</p> <p>7. Deductions from income (loss) (To Form NC K-1, Line 3)</p> <p>8. Share of tax credits (To Form NC K-1, Line 4)</p>			
<p>B</p> <p>9. Guaranteed payments to nonresident partners applicable to income on Part 1, Line 8</p> <p>10. Percentage from Line 4 times amount on Part 1, Line 8</p> <p>11. Add Lines 9 and 10</p> <p>12. Apportionment percentage from Part 2, Line 15 <input type="text"/> %</p> <p>13. Multiply Line 11 by Line 12</p> <p>14. Guaranteed payments to nonresident partners applicable to income on Part 1, Line 9</p> <p>15. Percentage from Line 4 times amount on Part 1, Line 9</p> <p>16. Separately stated items of income attributable to nonresident partners</p> <p>17. North Carolina taxable income (Add Lines 13, 14, 15, and 16)</p>			
<p>C</p> <p>18. Tax Due (See Tax Rate Schedule on Page 4)</p> <p>19. Tax credits allocated to nonresident partners from Line 8 above</p> <p>20. Net Tax Due (Line 18 minus Line 19)</p>			

Important: The Partnership must provide each Partner an NC K-1 for Form D-403 or other information necessary for the Partner to prepare the appropriate North Carolina Tax Return.

Legal Name (First 10 Characters) _____	Federal Employer ID Number ____-____
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Part 4. North Carolina Adjustments to Federal Taxable Income (See instructions.)

Additions to Federal Taxable Income

- | | | | |
|---|----|--|-----|
| 1. Interest income from obligations of states other than North Carolina | 1. | | .00 |
| 2. State, local, or foreign income taxes deducted on the federal return | 2. | | .00 |
| 3. Other additions to federal taxable income (See Form D-401, Individual Income Tax Instructions, for other additions that may be applicable to partnerships) | 3. | | .00 |
| 4. Total additions to federal taxable income (Add Lines 1 through 3 and enter total here and on Part 1, Line 4) | 4. | | .00 |

Deductions from Federal Taxable Income

- | | | | |
|---|----|--|-----|
| 5. Interest income from obligations of the United States or United States' possessions | 5. | | .00 |
| 6. State, local, or foreign income tax refunds reported as income on federal return | 6. | | .00 |
| 7. Adjustment for additional first-year depreciation added back in 2002, 2003, and 2004 (See Line instructions) | 7. | | .00 |
| 8. Other deductions from federal taxable income (See Form D-401, Individual Income Tax Instructions, for other deductions that may be applicable to partnerships) | 8. | | .00 |
| 9. Total deductions from federal taxable income (Add Lines 5, 6, 7, and 8 and enter total here and on Part 1, Line 6) | 9. | | .00 |

Tax Rate Schedule

<u>If the amount of each nonresident partner's share of N.C. taxable income (from Part 3, Line 17) is more than</u>	<u>But not over</u>	<u>The tax is</u>
\$0	\$12,750	6% of the taxable income
\$12,750	\$60,000	\$765 + 7% of taxable income over \$12,750
\$60,000	\$120,000	\$4,072.50 + 7.75% of taxable income over \$60,000
\$120,000	- - - -	\$8,722.50 + 8% of taxable income over \$120,000

I certify that, to the best of my knowledge, this return is accurate and complete. If prepared by a person other than the managing partner, this certification is based on all information of which preparer has any knowledge.

Signature of Managing Partner	Date	Signature of Preparer Other Than Managing Partner	Date
_____		_____	
_____		Address	
_____		_____	
Daytime Telephone Number (Include area code)		Preparer's Daytime Telephone Number (Include area code)	

If entity is an LLC and it converted to an LLC during the tax year, enter entity name prior to conversion: _____

MAIL TO: North Carolina Department of Revenue, P.O. Box 25000, Raleigh, North Carolina 27640-0645