NCDOR AROLINA DEPARTMENT OF REVENUE

CD-419 FRAN

APPLICATION FOR FRANCHISE TAX EXTENSION (INSTRUCTIONS 9-18-24/ FORM REVISION 8-13-13)

CHANGES FOR THE YEAR

- Form CD-419 Fran Instructions were updated for 2024.
- Form CD-419 Fran was not updated for 2024.
- Form CD-419 Fran should include the following URL information in the QR code: ncdor.gov
- If your company reproduced Form CD-419 Franchise last year, your alignment and data placement for the form should match the approved trained version.
- If your company has not reproduced Form CD-419 Franchise, then match the SD version.

Production Details:					
Submission Approval Start	October 4, 2024				
Date:					
Target Date for Initial	October 25, 2024				
Submission:					
Required Approval Date:	November 18, 2024				
Form Period Date	Calendar Year December 31, 2024				
Effective:	Fiscal Year November 30, 2025				
For Filing Periods:	December 2024 and later				
Form Placed in Software:	After December 31, 2024				
Unchanged/Updated:	Updated				

Production Details:

15 TEST SAMPLES REQUIRED:

- 1 Blank
- 1 Full Field
- 1 Calendar Year
- 11 Fiscal Year
- 1 Short Year

Note: This form is part of a set; all forms in the set require approval.

BARCODE:

The barcode must read 64101XX007. Replace (XX) with your two-digit Software Provider ID (SPID).

Align barcode between Row 61, Column 41-66 and Row 63, Column 41-66. Print the number above the barcode.

USE:

- 12-point Courier font for variable data
- 12-point Courier font in scanline
- All capital letters for variable data
- All indicators on form and populate with Y or N response
- Amount due with 0.00 format
- Correct barcode length
- Correct check digits
- Correct font and size in scanline
- Correct matching line geometry
- Data placement from approved trained version
- Function code of 05037
- High resolution bitmap for barcode
- Matching alignment between the full field and test samples
- No punctuation or special characters in the address field
- Period Ending Chart
- Right aligned amount due
- Various ID numbers using the prefixes of 999, 900 or 666 for FEIN/SSNs



BARCODE DIMENSIONS:

- IF YOUR COMPANY SUPPORTED THIS FORM FOR 2023, DO NOT UPDATE THE ALIGNMENT, PLACEMENT OR BARCODE DIMENSIONS ON YOUR 2024 UNCHANGED FORM
- BARCODE LENGTH MUST MEASURE MORE THAN 2 5/8" BUT LESS THAN 2 3/4" FOR NEW SOFTWARE PROVIDERS
- SYMBOLOGY CODE 39
- DENSITY 4.18 CPI
- HEIGHT 0.500
- HIGH RESOLUTION BITMAP FOR BARCODES
- RATIO 3:1

TEST SAMPLES:

- IF YOUR COMPANY SUPPORTED THIS FORM FOR 2023, DO NOT SHIFT VERBIAGE AND LINE NUMBERS ON YOUR 2024 UNCHANGED FORM TEST SAMPLES
- PLEASE NOTE: BLANK AND FULL FIELD ARE REQUIRED BUT ARE NOT CONSIDERED TEST SAMPLES
- INCLUDE ONE TEST SAMPLE EXCEEDING \$999.00
- INCLUDE ONE CALENDAR YEAR TEST SAMPLE FOR 2024
- INCLUDE ONE SHORT YEAR TEST SAMPLE FOR 2024
- INCLUDE ELEVEN FISCAL YEAR TEST SAMPLES ENDING WITH 2025
- INCLUDE ONE TEST SAMPLE WITH SECRETARY OF STATE ID NUMBER
- USE THE FIELD DESCRIPTION FORMATTING FOR PLACEMENT OF VARIABLE DATA
- USE A DIFFERENT AMOUNT FOR EACH FIELD
- ENSURE EACH LINE IS POPULATED ACROSS REQUIRED TEST SAMPLES

Required Variety of CD-419 Fran Test Samples								
Period Beginning	Period Ending	Type of Filer: Calendar, Fiscal or Short Year	Scan Line with Check Digit					
01/01/24	12/31/24	Calendar	12246					
02/01/24	01/31/25	Fiscal	01252					
03/01/24	02/28/25	Fiscal	02259					
04/01/24	03/31/25	Fiscal	03255					
05/01/24	04/30/25	Fiscal	04251					
06/01/24	05/31/25	Fiscal	05258					
07/01/24	06/30/25	Fiscal	06254					
08/01/24	07/31/25	Fiscal	07251					
09/01/24	08/31/25	Fiscal	08257					
10/01/24	09/30/25	Fiscal	09253					
11/01/24	10/31/25	Fiscal	10251					
12/01/24	11/30/25	Fiscal	11258					
05/01/24	12/31/24	Short	12246					

NCDOR NORTH CAROLINA DEPARTMENT OF REVENUE

Placement of Variable Data

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
50	FEIN	8	4	11	FEIN
50	FEIN	14	9	22	Numeric: No Dashes
50	Secretary of State ID	25	3	27	SOS
50	Secretary of State ID	30	7	36	Numeric: No Dashes
50	Tax year starting	51	8	58	Numeric: 03 01 24 No Punctuation
50	and ending	70	8	77	Numeric: 02 28 25 No Punctuation
53	Legal Name	8	39	46	Alphanumeric
53	Nonprofit/Tax Exempt	53	1	53	Alpha: Y or N Select only one
53	Nonprofit/Tax Exempt	56	5	60	NP/TE
53	Non-U.S./Foreign	63	1	63	Alpha: Y or N Select only one
53	Non-U.S./Foreign	66	2	67	NF
53	Coop or Mutual Assn	70	1	70	Alpha: Y or N Check only one
53	Coop or Mutual Assn	73	5	77	CO or MA
55	Address	8	35	42	Alphanumeric
56	City	8	20	27	Alpha
56	State	31	2	32	Alpha
56	Zip Code	36	5	40	Numeric: 5-digit zip code
56	Total Franchise Tax Due	66	12	77	Numeric: 0.00