

# CD-419 Application for Extension Franchise and Corporate Income Tax

DOR Use Only

**GENERAL INSTRUCTIONS** North Carolina law provides for an extension of time to file a North Carolina corporate tax return (Form CD-405, CD-401S, or CD-418). When timely filed, Form CD-419 extends the due date of the return by six months. An extension of time to file the return does not extend the time to pay the amount of tax due. If the taxpayer does not pay the full amount of tax due by the original due date of the return, interest and penalties will be assessed. (Note: For North Carolina income tax purposes, an income year that ends on any day other than the last day of the month is considered to end on the last day of the month nearest to the last day of the actual income year.)

To obtain an extension and pay any tax due, a taxpayer must file Form CD-419 by the original due date of the corporate tax return. A taxpayer can use the Department's website or mail the completed application to the address provided. The Department's website offers two electronic options, (1) an online filing and payment system, and (2) an eFile program. For more information, visit [www.ncdor.gov](http://www.ncdor.gov).

**IMPORTANT** A corporation that is granted an automatic extension to file a federal income tax return is granted an automatic extension to file the corresponding State franchise and corporate income tax return. The corporation must certify on the State tax return that the corporation was granted a federal extension. If a corporation wants to make an extension payment, they may submit Form CD-419 with the payment.

**SPECIFIC INSTRUCTIONS** Fill in the applicable circle if the corporation is determined to be tax exempt for State income tax purposes but required to report unrelated business income, a non U.S./foreign corporation whose federal statutory due date is the fifteenth day of the seventh month, a cooperative, or mutual association.

**Computation of Tax Paid with Application for Extension** (Complete this schedule to determine amount of tax to be paid with this application. Generally, cooperatives and mutual associations are not subject to franchise tax and should enter a zero on Lines 1, 2, 3, and 9.)

1. Total Franchise Tax Due (Minimum \$200.00)	_____	.00
2. Franchise Tax Credits Taken (From Form CD-425)	_____	.00
3. Net Franchise Tax Due Line 1 minus Line 2	_____	.00
4. Total Corporate Income Tax Due	_____	.00
5. Estimated Income Tax Payments (Include any prior year's overpayment applied to current tax year)	_____	.00
6. Corporate Income Tax Credits Taken (From Form CD-425)	_____	.00
7. Net Corporate Income Tax Due Line 4 minus Line 5 and Line 6	_____	.00
8. Total Franchise and Corporate Income Tax Due with this Application Line 3 plus (or minus) Line 7	<input style="width: 100px; height: 20px;" type="text"/>	.00



Is Line 8 less than zero?

- Yes** Franchise Tax and Corporate Income Tax are not due with this application.
- Enter zero on Lines 9 and 10.
- No** Franchise Tax, Corporate Income Tax, or both are due with this application.
- If Line 3 is greater than zero and Line 7 is greater than zero, then **BOTH Franchise Tax and Corporate Income Tax are due.**  
Enter the amount from Line 3 on Line 9 and enter the amount from Line 7 on Line 10.
  - If Line 3 is greater than zero but Line 7 is less than zero, then **Franchise Tax is due but NO Corporate Income Tax is due.**  
Enter the amount from Line 8 on Line 9 and enter zero on Line 10.
  - If Line 3 is less than zero and Line 7 is greater than zero, then **NO Franchise Tax is due but Corporate Income Tax is due.**  
Enter zero on Line 9 and enter the amount from Line 8 on Line 10.

**IMPORTANT**

**Application for Extension for Franchise and Corporate Income Tax**

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 35 Characters) \_\_\_\_\_ USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Fill in circle if: (See specific instructions above)

- Tax Exempt
- Non U.S./Foreign
- Cooperative or Mutual Association

9. Franchise Tax Paid \_\_\_\_\_ .00

10. Corporate Income Tax Paid \_\_\_\_\_ .00

\$ \_\_\_\_\_ .00

Total Tax Paid with Application (Add Lines 9 and 10)

Mail to: N.C. Department of Revenue, P.O. Box 25000, Raleigh, N.C. 27640-0520  
If tax is paid with this application, include a check or money order in U.S. currency from a domestic bank.