Form North Dakota Office of State Tax Commissioner

2013 WEB

60 S corporation income tax return

Α	This return is Calendar year filed for: Fiscal year:	2013 (Jan. 1 - De	ec. 31, 2013)	. 2	013, and endir	na	, 20
В	Corporation's name (legal)					C Federal	
	Doing business as name (if differen	nt from legal name)			D Business code no. (see instructions)	
	Mailing address			Ар	t. or Suite No.	E Date incorporated month day	year
	City		State	Zip Code		F Check all that apply:	
G	TOTAL number of shareholders	:				Initial return	
	Enter number of —					Final return	
	Resident individual shareholders		ust/estate areholders =	>		Farming/ranching OAm	ended retur
	Nonresident individual shareholders		x-exempt ganization $_{-}$			Composite return Ext	ension
Н	Does this return include a qualified name and federal employer identif						s O No
	 Before completing lines 1 After completing Form 60, 					schedules on pages 2 through	5.
1	Tax on excess net passive income	•					
	Income tax withheld from nonresid						
	Composite income tax for electing line 4)	nonresident individ	ual sharehold	ders <i>(fron</i>	n page 5, Sche	dule KS,	
4	Total taxes due. Add lines 1, 2, an	nd 3				4	
5	Estimated tax paid on 2013 Forms (If an amended return, enter total						
	Overpayment. If line 5 is more the go to line 9. If result is less than \$						
7	Amount of line 6 to be applied to 2	2014 estimated tax		►	7		
8	Refund. Subtract line 7 from line	6. If result is less	than \$5.00,	enter -0-		REFUND ▶ 8	
9	Tax due. If line 4 is more than lin	e 5, subtract line 5	from line 4.	If result	is less than \$5	i.00, enter -0- ▶ 9	
10	Penalty	Interest >		En	ter total penalt	y and interest 10	
11	Balance due. Add lines 9 and 10						
	Attach a complete copy ofAttach a copy of all North		-	_	leral Schedule	e K-1s)	
I d	leclare that this return is correct and com	aplete to the best of m	y knowledge aı	nd belief.	* Privacy	y Act Notice - See inside front cove	r of booklet
Sigi	nature of officer			Date		uthorize the ND Office of State Tax Con liscuss this return with the paid prepar	
Prir	nt name of officer		Phon	e	For Tax Departme Use Only		
Paid	d preparer signature		•	Date			
Prin	nt name of paid preparer	EIN/SSN/PTIN	Phon	е	SCO)B	

Mail to: Office of State Tax Commissioner, 600 E. Blvd. Ave., Dept. 127,

Bismarck, ND 58505-0599



Enter name of corporation FEIN

Schedule FACT Calculation of North Dakota apportionment factor

IMPORTANT: All corporations must complete the applicable portions of this schedule. See Schedule FACT instructions beginning on page 5 of the 2013 Form 60 Booklet.

Ave	pperty factor rage value at original cost of real and tangible	Column 1 Total		Column 2 North Dakota		Column 3 Factor (Col. 2 ÷ Col. 1)
	sonal property used in the business. Inventories	1				Result must be carried to six
	Buildings and other fixed depreciable assets					decimal places
	Depletable assets					
	Land					
	Other assets (Attach schedule)					
	Rented property (Annual rental multiplied by 8)				•	
,	Total property (Add lines 1 through 6)	'			•	
Pa	yroll factor					
8	Wages, salaries, commissions and other compensation of employees reported on Federal Form 1120S (If the amount in Column 2 does not agree with the compensation reported for North Dakota unemployment insurance purposes, attach an explanation) ▶	8			•	
Sal	es factor					
9	Gross receipts or sales, less returns and allowances	9	_			
10	Sales delivered or shipped to North Dakota destinations -		_ 10			
	a Sales shipped from North Dakota to the U.S. Governm					
	b Sales shipped from North Dakota to purchasers in a stacountry where the corporation does not have a filing re	ate or foreign				
12	Total sales. Add lines 9 through 11b	12			•	
13	Sum of factors. Add lines 7, 8, and 12 in Column 3				. 13	
	Apportionment factor Divide line 13 by 3.0; however, divide line 13 by the number of factors (on lines 7, 8, and zero in Column 1	if line 7, 8, or 12 of d 12) showing an am	Colum ount g	n 1 is zero, reater than		
Sc	hedule BG Tax on excess passive inc	ome and built	t-in 🤉	gains		
1	Excess net passive income subject to federal tax on Federal	ral Form 1120S			▶ 1	
	Built-in gains subject to federal tax on Federal Form 1120					
	Add lines 1 and 2					
4	Apportionment factor from Schedule FACT, line 14					
5	North Dakota apportioned income. Multiply line 3 by line	4			5	
6	North Dakota NOL deduction from worksheet in instruction					
8	Tax from 2013 Corporation Tax Rate Schedule on page 5	of instructions. Ente	er on F	orm 60,	▶ 8	



Enter name of corporation	FEIN

Schedule K Total North Dakota adjustments, credits, and other items distributable to shareholders (All corporations must complete this schedule)

	North Dakota subtraction adjustments			
1	Interest from U.S. obligations		1	
2	Renaissance zone business or investment income exemption:			
	a For projects approved before August 1, 2013		2a	
	b For projects approved <i>after July 31, 2013</i>		2b	
3	New or expanding business income exemption			
	North Dakota tax credits			
4	Renaissance zone tax credits:			
	a Renaissance zone: Historic property preservation or renovation tax credit		4a	
	b Renaissance zone: Renaissance fund organization investment tax credit			
	c Renaissance zone: Nonparticipating property owner tax credit			
5	Seed capital investment tax credit			
	Agricultural commodity processing facility investment tax credit			
	Supplier (wholesaler) biodiesel or green diesel fuel tax credit			
	Seller (retailer) biodiesel or green diesel fuel tax credit			
	Geothermal energy device tax credit - devices installed after December 31, 2008			
	a Employer internship program tax credit			
10	b Number of eligible interns hired in 2013			
	c Total compensation paid to eligible interns in 2013			
11	a Microbusiness tax credit			
	b Qualifying new investment			
	c Qualifying new employment			
12	a Research expense tax credit			
	b Research expense tax credit purchased from another taxpayer			
13	a Endowment fund tax credit		13a	
	b Contribution amount on which the credit was based		13b	
14	a Workforce recruitment tax credit		14a	
	b Number of eligible employees whose 12th month of employment ended in 201			
	c Total compensation paid during the eligible employees' first 12 months of			
	employment ending in 2012	14c		
15	Credit for wages paid to a mobilized employee		15	



Enter name of corporation	FEIN
Schedule K continued	
16 Angel fund investment tax credit	16
17 Housing incentive fund tax credit	17
18 NEW! Automation tax credit	18
Other items	
Line 19 applies only to a multistate corporation — see instructions	
19 a Total allocable income from all sources (net of related expenses) 19a	
b Portion of line 19a that is allocable to North Dakota	19b
Line 20 applies to all corporations — see instructions	
20 For disposition(s) of I.R.C. Section 179 property, enter the North Dakota apportioned amounts:	
a Gross sales price or amount realized	20a
b Cost or other basis plus expense of sale	20b
c Depreciation allowed or allowable (excluding L.R.C. Section 179 deduction)	20c

d I.R.C. Section 179 deduction related to property that was passed through to shareholders _____ 20d ____



Enter name of corporation FEIN

Schedule KS Shareholder information

All corporations must complete this schedule

- Complete Columns 1 through 5 for EVERY shareholder
- Complete Column 6 if shareholder is a nonresident individual or tax-exempt organization
- If applicable, complete Column 7 or Column 8 for a nonresident individual shareholder only

Share-		Column 1					Column 2	Colu	mn 2	Column 4	
							Column 2	Colu	11111 3	COIUMN 4	
holder	Name and address of shareholder If additional lines are neede attach additional pages				led,	Social Security Number/FEIN	/ Type o	Type of entity (See pg. 8 of instr.)			
Δ.	Name										
Α	Address			State	Zip Code	_					
_	Name										
В	Address			State	Zip Code	_					
	Name			1	-						
С	Address			State	Zip Code	-					
	Name										
D	Address			State	Zip Code	-					
E	Name										
	Address			State	Zip Code	-					
	Name			ı	1						
F	Address			State	Zip Code	-					
	Name			1	1						
G	Address			State	Zip Code	-					
	1	All Shareholders	Nonesia								
		Complete this column for ALL shareholders	Individuals and Tax Exempt Organizations			Nonresident Individual Shareholders Only			iers Only		
		Column 5	Column 6			Column 7		Col	Column 8		
		Federal distributive		orth Dak			lorth Dakota	Form PWA		h Dakota	
SI	hareholder	share of income (loss)		distributive share of income (loss)		income tax withheld (3.22%)		(attach copy)		te income tax 3.22%)	
	Α			,	Í			Ö		,	
	В							\bigcirc			
	С							\circ			
	D							\bigcirc			
	E							0			
	F							\circ			
	G							\bigcirc			
1 Total fo	or Column 5 1										
2 Total fo	or Column 6	2									
3 Total fo	r Column 7 . Ente	r this amount on Form 60,	page 1,	line 2	3						
4 Total fo	or Column 8 . Ente	er this amount on Form 60	, page 1,	line 3 .				4			

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