

Form North Dakota Office of State Tax Commissioner

60 S corporation income tax return

2011

| A This return is Calendar year 2011 (Ja | , | | | |
|---|-----------------------------|------------------------|--|------------------|
| filed for: Fiscal year: Beginning _ B Corporation's name (legal) | | , 2011, | and ending | , 20 |
| Corporation's name (regar) | | | C Federal EIN * | |
| Doing business as name (if different from legal name) | | | D Business code no. (see instructions) | |
| Mailing address | | Apt. or Su | E Date incorporated month | day year |
| City | State | Zip Code | F Check all that appl | y: |
| G TOTAL number of shareholders | | | Initial return | |
| Enter number of — | | | Final return | |
| Resident individual shareholders | | | | Amended return |
| Nonresident individual shareholders | Tax-exempt org | | Composite return | Extension |
| H Does this return include a qualified subchapter S | | | | |
| federal employer identification number(s) of each | entity | | | Yes No |
| Before completing lines 1 through After completing Form 60, complet | | = | | edule KS. |
| 1 Tax on excess net passive income and built-in ga | | | | |
| 2 Income tax withheld from nonresident individua | l shareholders (from pag | ge 5, Schedule KS, | line 3) \Delta 2 | |
| 3 Composite income tax for electing nonresident is | ndividual shareholders (| from page 5, Sche | dule KS, line 4) ▶ 3 | |
| 4 Total taxes due. Add lines 1, 2, and 3 | | | 4 | |
| 5 Estimated tax paid on 2011 Forms 60-ES and 60 | O-EXT plus any overpay | ment applied from | 2010 return ► 5 | |
| 6 Overpayment. If line 5 is more than line 4, s go to line 9. If result is less than \$5.00, enter -0- | | | | |
| 7 Amount of line 6 to be credited to 2012 estimate | ed 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 line 5, subtract | t line 5 from line 4. If re | esult is less than \$5 | 5.00, enter -0 > 9 | |
| 10 Penalty ► Intere | est ► | Enter to | tal penalty and interest 10 | |
| 11 Balance due. Add lines 9 and 10 | | | BALANCE DUE 11 | |
| Attach a complete copy of the 201 | 1 Form 1120S (incl | uding Federal S | Schedule K-1s) | |
| Attach a copy of all North Dakota S | Schedule K-1s (Fori | m 60) | | |
| I declare that this return is correct and complete to the bes | t of my knowledge and bel | lief. | * Privacy Act - See inside front | cover of booklet |
| Signature of officer | | Date | I authorize the ND Office of State to discuss this return with the p | |
| Print name of officer | Pho | ne | For Tax Department | |
| Paid preparer signature | | Date | Use Only | |
| Print name of paid preparer EIN/SSN/P | TIN Pho | ne | | |

Mail to: Office of State Tax Commissioner, 600 E. Blvd. Ave., Dept. 127, Bismarck, ND 58505-0599

North Dakota Office of State Tax Commissioner **2011 Form 60**, page **2**



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 4 of the 2011 Form 60 Booklet.

| Property factor Average value at original cost of real and tangible personal property used in the business. | Column 1 Total | Column 2 North Dak | Column 3 Factor (Col. 2 ÷ Col. 1) Result must be |
|--|--------------------------|-----------------------|--|
| 1 Inventories | 1 | | carried to six decimal places |
| 2 Buildings and other fixed depreciable assets | 2 | | • |
| 3 Depletable assets | 3 | | |
| 4 Land | 4 | | |
| 5 Other assets (Attach schedule) | 5 | | <u></u> |
| 6 Rented property (Annual rental multiplied by 8) | 6 | | <u></u> |
| 7 Total property (Add lines 1 through 6) | 7 | _ > | • |
| Payroll factor | | | |
| 8 Wages, salaries, commissions and other compensation of employees reported on Federal Form 1120S (<i>If the amount in Column 2 does not agree with the compensation reported for North Dakota unemployment insurance purposes, attach an explanation</i>) | 8 | | ▶ |
| Sales factor | | | |
| 9 Gross receipts or sales, less returns and allowances (from Federal Form 1120S, page 1, line 1e) | 9 | _ | |
| 10 Sales delivered or shipped to North Dakota destinations | | 10 | |
| 11 a Sales shipped from North Dakota to the U.S. Government | | _ | |
| b Sales shipped from North Dakota to purchasers in a state or where the corporation does not have a filing requirement | foreign country | _ 11b | |
| 12 Total sales. Add lines 9 through 11b | 12 | _ ▶ | > |
| 13 Sum of factors. Add lines 7, 8, and 12 in Column 3 | | | 13 |
| 14 Apportionment factor Divide line 13 by 3.0; however, if line 13 by the number of factors (on lines 7, 8, and 12) showing | ine 7, 8, or 12 of Colur | nn 1 is zero, divide | |
| Schedule BG Tax on excess passive in | come and buil | lt-in gains | |
| 1 Excess net passive income subject to federal tax on Federal Fo | rm 1120S | | > 1 |
| 2 Built-in gains subject to federal tax on Federal Form 1120S, So | chedule D | | ▶ 2 |
| 3 Add lines 1 and 2 | | | 3 |
| 4 Apportionment factor from Schedule FACT, line 14 | | | ▶ 4 |
| 5 North Dakota apportioned income. Multiply line 3 by line 4 _ | | | 5 |
| 6 North Dakota NOL deduction from worksheet in instructions (| Attach worksheet) | | ▶ 6 |
| 7 North Dakota taxable income. Subtract line 6 from line 5 | | | > 7 |
| 8 Tax from 2011 Corporation Tax Rate Schedule in instructions. | Enter on Form 60, page | e 1, line 1 | ▶ 8 |

North Dakota Office of State Tax Commissioner **2011 Form 60**, page **3**



| 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 | 2 |
| 3 | New or expanding business income exemption | 3 |
| | | |
| | North Dakota tax credits | |
| 4 | Renaissance zone credit: | |
| | a Renaissance zone: Historic property preservation or renovation tax credit | 4a |
| | b Renaissance zone: Renaissance fund organization investment tax credit | 4b |
| | c Renaissance zone: Nonparticipating property owner credit | 4c |
| 5 | Seed capital investment tax credit | 5 |
| 6 | Agricultural commodity processing facility investment tax credit | |
| 7 | Supplier (wholesaler) biodiesel or green diesel fuel tax credit | 7 |
| 8 | Seller (retailer) biodiesel or green diesel fuel tax credit | 8 |
| 9 | Geothermal energy device tax credit - devices installed after December 31, 2008 | 9 |
| 10 | a Employer internship program tax credit | 10a |
| | b Number of eligible interns hired in 2011 | |
| | c Total compensation paid to eligible interns in 201110c | |
| 11 | a Microbusiness tax credit | 11a |
| | b Qualifying new investment11b | |
| | c Qualifying new employment11c | |
| 12 | a Research expense tax credit | 12a |
| | b Research expense tax credit purchased from another taxpayer | 12b |
| 13 | a Endowment fund tax credit | 13a |
| | b Contribution amount on which the credit was based | |
| 14 | a Workforce recruitment credit | 14a |
| | b Number of eligible employees whose 12th month of employment ended in 2010 14b | |
| | c Total compensation paid during the eligible employees' first 12 months of employment ending in 2010 | |
| 15 | 6 Credit for wages paid to a mobilized employee | 15 |

North Dakota Office of State Tax Commissioner



2011 Form 60, page 4

| Enter name of corporation | FEIN | | |
|--|-------|--|--|
| Schedule K continued 16 a Angel fund investment credit | | | |
| 16 a Angel fund investment credit | _ 16a | | |
| - | | | |
| | | | |
| Other items | | | |
| Line 18 applies only to a multistate corporation— see instructions | | | |
| | | | |
| Lines 19 applies to all corporations—see instructions | | | |
| 19 For disposition(s) of I.R.C. Section 179 property, enter the North Dakota apportioned amounts —— see instructions: | | | |
| a Gross sales price or amount realized | _ 19a | | |
| b Cost or other basis plus expense of sale | 19b | | |
| c Depreciation allowed or allowable (excluding I.R.C. Section 179 deduction) | _ 19c | | |
| d I.R.C. Section 179 deduction related to property that was passed through to shareholders | _ 19d | | |

North Dakota Office of State Tax Commissioner **2011 Form 60, page 5**



| Enter name of corporation | FEIN |
|---------------------------|------|
| | |

Schedule KS Shareholder information

All corporations must complete this schedule

- **All corporations must** Complete Columns 1 through 5 for EVERY shareholder
 - Complete Column 6 if shareholder is a nonresident individual
 - If applicable, complete Column 7 or Column 8 for nonresident individual shareholder only

| | | | All Sh | areholde | rs | | | | | | |
|------------------|--|--|----------------------------|---|-----------------------------|---------------|-----------------------------------|------------------|--|--|--|
| | Column 1 are- Name and address of shareholder If additional line | | | | Column 2 | Colu | ımn 3 | Column 4 | | | |
| onare- nolder | | | | onal lines are need dditional pages | Social Security Number/FEIN | | | Ownership % | | | |
| | Name | | | | | | · | | | | |
| Α | Address | | State | Zip Code | - 1 | | | | | | |
| В | Name | | I | | | | | | | | |
| | Address | | State | Zip Code | _ ; | | | | | | |
| С | Name | | <u> </u> | | | | | | | | |
| | Address | | State | Zip Code | _ | | | | | | |
| D | Name | | | | | | | | | | |
| | Address | | State Zip Code | | _ | | | | | | |
| | Name | | <u> </u> | | | | | | | | |
| E | Address | | State | Zip Code | _ † | | | | | | |
| F | Name | | I | | | | | | | | |
| | Address | | State | Zip Code | _ 1 | | | | | | |
| G | Name | | | | | | | | | | |
| | Address | | State | Zip Code | | | | | | | |
| • | | All Shareholders | No | nresider | nt Individual S | harehold | ers Onl | у | | | |
| | | Complete this column for ALL shareholders | Important: Co | lumns 6 thro | ough 8 are for nonre | sident indivi | dual share | areholders only. | | | |
| | | Column 5 | Columi | า 6 | 6 Column 7 | | Column 8 | | | | |
| | | Federal distributive share of income (loss) | North Da distributive s | th Dakota North Dakota Form tive share of income tax PWA | | Form PWA | North Dakota composite income tax | | | | |
| Sha | areholder | Share of income (1033) | income (I | | withheld (3.99%) | | | 1.99%) | | | |
| | Α | | | | | 0 | | | | | |
| | В | | | | | 0 | ļ | | | | |
| | С | | | | | 0 | | | | | |
| | D | | | | | 0 | | | | | |
| | E | | | | | 0 | | | | | |
| | F | | | | | 0 | | | | | |
| | G | | | | | 0 | | | | | |
| Total for | Column 5 1 | | | | | | | | | | |
| | | | | | | | | | | | |
| ? Total for (| Column 6 | 2 | | | | | | | | | |
| Total for (| Column 7. Enter th | nis amount on Form 60, page 1 | , line 2 | 3 | | | | | | | |
| | | nis amount on Form 60, page | | | | | | | | | |

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