



# 60 S corporation income tax return

# 2010

**A** This return is filed for:  **Calendar year 2010** (Jan. 1 - Dec. 31, 2010)  
 **Fiscal year:** Beginning \_\_\_\_\_, 2010, and ending \_\_\_\_\_, 20\_\_\_\_\_

<b>B</b> Corporation's name (legal)			<b>C</b> Federal EIN *	
Doing business as name (if different from legal name)			<b>D</b> Business code no. (see instructions)	
Mailing address		Apt. or Suite No.		
City	State	Zip Code		
<b>G</b> <b>TOTAL number of shareholders</b> ----- ▶ _____			<b>E</b> Date incorporated _____ month _____ day _____ year	
Enter number of —				
Resident individual shareholders ----- ▶ _____	Trust/estate shareholders ----- ▶ _____			
Nonresident individual shareholders ----- ▶ _____	Tax-exempt organization shareholders ----- ▶ _____			

- F Check all that apply:**
- Initial return
- Final return
- Farming/ranching corporation  Amended return
- Composite return  Extension

**H** Does this return include a qualified subchapter S subsidiary (QSSS)? If "Yes," attach a statement listing the name(s) and federal employer identification number(s) of each entity -----  Yes  No

- Before completing lines 1 through 11 on this page, complete Schedule FACT, Schedule K, and Schedule KS.
- After completing Form 60, complete North Dakota Schedule K-1 (Form 60) for the shareholders.

1 Tax on excess net passive income and built-in gains, if any (from page 2, Schedule BG, line 8) ----- ▶	1 _____
2 Income tax withheld from nonresident individual shareholders (from page 5, Schedule KS, line 3) ----- ▶	2 _____
3 Composite income tax for electing nonresident individual shareholders (from page 5, Schedule KS, line 4) ----- ▶	3 _____
4 Total taxes due. Add lines 1, 2, and 3 -----	4 _____
5 Estimated tax paid on 2010 Forms 60-ES and 60-EXT plus any overpayment applied from 2009 return ----- ▶	5 _____
6 <b>Overpayment.</b> If line 5 is more than line 4, subtract line 4 from line 5 and enter result; otherwise, go to line 9. If result is less than \$5.00, enter -0- ----- ▶	6 _____
7 Amount of line 6 to be credited to 2011 estimated tax ----- ▶	7 _____
8 <b>Refund.</b> Subtract line 7 from line 6. If result is less than \$5.00, enter -0- ----- <b>REFUND</b> ▶	8 _____
9 <b>Tax due.</b> If line 4 is more than line 5, subtract line 5 from line 4. If result is less than \$5.00, enter -0- ----- ▶	9 _____
10 Penalty ▶ _____ Interest ▶ _____ Enter total penalty and interest ---	10 _____
11 <b>Balance due.</b> Add lines 9 and 10 ----- <b>BALANCE DUE</b>	11 _____

- Attach a complete copy of the 2010 Form 1120S (including Federal Schedule K-1s)
- Attach a copy of all North Dakota Schedule K-1s (Form 60)

I declare that this return is correct and complete to the best of my knowledge and belief.			* Privacy Act - See inside front cover of booklet		
Signature of officer		Date	<input type="radio"/> I authorize the ND Office of State Tax Commissioner to discuss this return with the paid preparer.  <b>For Tax Department Use Only</b>		
Print name of officer		Phone			
Paid preparer signature		Date			
Print name of paid preparer		EIN/SSN/PTIN			

**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 as follows:**

- **100% ND corporation:** If the corporation conducts all of its business within North Dakota, skip lines 1 through 13, and enter 1.000000 on line 14.
- **Multistate corporation:** If the corporation conducts its business within and without North Dakota, complete lines 1 through 14 of this schedule. However, if all shareholders consist of only North Dakota resident individuals, estates, and trusts, skip lines 1 through 13, enter 1.000000 on line 14, and check this circle

	Column 1 Total	Column 2 North Dakota	Column 3 Factor (Col. 2 ÷ Col. 1)
<b>Property factor</b>			
Average value at original cost of real and tangible personal property used in the business.			Result must be carried to six decimal places
1 Inventories -----	1 _____	_____	
2 Buildings and other fixed depreciable assets -----	2 _____	_____	
3 Depletable assets -----	3 _____	_____	
4 Land -----	4 _____	_____	
5 Other assets (Attach schedule) -----	5 _____	_____	
6 Rented property (Annual rental multiplied by 8) -----	6 _____	_____	
7 Total property (Add lines 1 through 6) ----- ▶	7 _____	▶ _____	▶ _____
<b>Payroll factor</b>			
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 _____	▶ _____	▶ _____
<b>Sales factor</b>			
9 Gross receipts or sales, less returns and allowances (from Federal Form 1120S, page 1, line 1c) -----	9 _____		
10 Sales delivered or shipped to North Dakota destinations -----		10 _____	
11 a Sales shipped from North Dakota to the U.S. Government -----		11a _____	
b Sales shipped from North Dakota to purchasers in a state or foreign country where the corporation does not have a filing requirement -----		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 7, 8, or 12 of Column 1 is zero, divide line 13 by the number of factors (on lines 7, 8, and 12) showing an amount greater than zero in Column 1 ----- ▶			▶ 14 _____

**Schedule BG Tax on excess passive income and built-in gains**

1 Excess net passive income subject to federal tax on Federal Form 1120S ----- ▶	1 _____
2 Built-in gains subject to federal tax on Federal Form 1120S, Schedule 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 2010 Corporation Tax Rate Schedule in instructions. Enter on Form 60, page 1, line 1 ----- ▶	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 ..... 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 ..... 6 \_\_\_\_\_
- 7 Supplier (wholesaler) biodiesel fuel tax credit ..... 7 \_\_\_\_\_
- 8 Seller (retailer) biodiesel 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 2010 ..... 10b \_\_\_\_\_
  - c Total compensation paid to eligible interns in 2010 ..... 10c \_\_\_\_\_
- 11 a Microbusiness tax credit ..... 11a \_\_\_\_\_
  - b Qualifying new investment ..... 11b \_\_\_\_\_
  - c Qualifying new employment ..... 11c \_\_\_\_\_
- 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 ..... 13b \_\_\_\_\_
- 14 a Workforce recruitment credit ..... 14a \_\_\_\_\_
  - b Number of eligible employees whose 12th month of employment ended in 2009 ..... 14b \_\_\_\_\_
  - c Total compensation paid during the eligible employees' first 12 months of employment ending in 2009 ..... 14c \_\_\_\_\_
- 15 Credit for wages paid to a mobilized employee ..... 15 \_\_\_\_\_



Enter name of corporation \_\_\_\_\_

FEIN \_\_\_\_\_

**Schedule K** *continued* . . .

**Other items**

*Line 16 applies only to a multistate corporation— see instructions*

- 16 a** Total allocable income from all sources (net of related expenses) ----- **16a** \_\_\_\_\_
- b** Portion of line 16a that is allocable to North Dakota ----- **16b** \_\_\_\_\_

*Lines 17 applies to all corporations— see instructions*

- 17** 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 ----- **17a** \_\_\_\_\_
- b** Cost or other basis plus expense of sale ----- **17b** \_\_\_\_\_
- c** Depreciation allowed or allowable (excluding I.R.C. Section 179 deduction) ----- **17c** \_\_\_\_\_
- d** I.R.C. Section 179 deduction related to property that was passed through to shareholders ----- **17d** \_\_\_\_\_



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
- If applicable, complete Column 7 or Column 8 for nonresident individual shareholder only

Shareholder	All Shareholders				Social Security Number/FEIN	Type of entity (See pg. 7 of instr.)	Ownership %
	Column 1			Column 2			
	Name and address of shareholder <i>If additional lines are needed, attach additional pages</i>						
<b>A</b>	Name _____ Address _____	State _____	Zip Code _____				
<b>B</b>	Name _____ Address _____	State _____	Zip Code _____				
<b>C</b>	Name _____ Address _____	State _____	Zip Code _____				
<b>D</b>	Name _____ Address _____	State _____	Zip Code _____				
<b>E</b>	Name _____ Address _____	State _____	Zip Code _____				
<b>F</b>	Name _____ Address _____	State _____	Zip Code _____				
<b>G</b>	Name _____ Address _____	State _____	Zip Code _____				

Shareholder	All Shareholders	Nonresident Individual Shareholders Only			
	Complete this column for ALL shareholders	Important: Columns 6 through 8 are for nonresident individual shareholders only.			
	Column 5	Column 6	Column 7	Column 8	
	Federal distributive share of income (loss)	North Dakota distributive share of income (loss)	North Dakota income tax withheld (4.86%)	Form PWA	North Dakota composite income tax (4.86%)
<b>A</b>				<input type="radio"/>	
<b>B</b>				<input type="radio"/>	
<b>C</b>				<input type="radio"/>	
<b>D</b>				<input type="radio"/>	
<b>E</b>				<input type="radio"/>	
<b>F</b>				<input type="radio"/>	
<b>G</b>				<input type="radio"/>	
<b>1</b>	Total for <b>Column 5</b> . . . . . <b>1</b>				
<b>2</b>	Total for <b>Column 6</b> . . . . . <b>2</b>				
<b>3</b>	Total for <b>Column 7</b> . Enter this amount on Form 60, page 1, line 2 . . . . . <b>3</b>				
<b>4</b>	Total for <b>Column 8</b> . Enter this amount on Form 60, page 1, line 3 . . . . . <b>4</b>				