



# 60 S Corporation Income Tax Return

2014

**A Tax year:**  Calendar year 2014 or  Fiscal year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_, 20\_\_\_\_\_

**B Corporation's name (legal)** \_\_\_\_\_ **C Federal EIN \*** \_\_\_\_\_

Doing business as name (if different from legal name) \_\_\_\_\_

**D Business code no.**  
(see instructions)

Mailing address \_\_\_\_\_

Apt. or Suite No. \_\_\_\_\_

**E Date incorporated** \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

**F Check all that apply:**

**G TOTAL number of shareholders** ----- ▶ \_\_\_\_\_

Enter number of —

Resident individual shareholders ----- ▶ \_\_\_\_\_

Trust/estate shareholders ----- ▶ \_\_\_\_\_

Nonresident individual shareholders ----- ▶ \_\_\_\_\_

Tax-exempt organization ----- ▶ \_\_\_\_\_

- 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 and federal employer identification number of each QSSS -----  Yes  No

- Before completing lines 1 through 13 on this page, complete the applicable schedules on pages 2 through 5.
- 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 shareholders** (from page 5, Schedule KS, line 3) ----- ▶ **2** \_\_\_\_\_

**3 Composite income tax for electing nonresident shareholders** (from page 5, Schedule KS, line 4) ----- ▶ **3** \_\_\_\_\_

**4 Total taxes due.** Add lines 1, 2, and 3 ----- ▶ **4** \_\_\_\_\_

**Tax paid**

**5 North Dakota income tax withheld** (Attach Form 1099 and North Dakota Schedule K-1) ----- ▶ **5** \_\_\_\_\_

**6 Estimated tax paid on 2014 Forms 60-ES and 60-EXT plus any overpayment applied from 2013 return** (If an amended return, enter total taxes due from line 4 of previously filed return) ----- ▶ **6** \_\_\_\_\_

**7 Total payments.** Add lines 5 and 6 ----- ▶ **7** \_\_\_\_\_

**8 Overpayment.** If line 7 is more than line 4, subtract line 4 from line 7 and enter result; otherwise, go to line 11. If result is less than \$5.00, enter 0 ----- ▶ **8** \_\_\_\_\_

**9 Amount of line 8 to be applied to 2015 estimated tax** ----- ▶ **9** \_\_\_\_\_

**10 Refund.** Subtract line 9 from line 8. If result is less than \$5.00, enter 0 ----- **REFUND** ▶ **10** \_\_\_\_\_

**11 Tax due.** If line 7 is less than line 4, subtract line 7 from line 4. If result is less than \$5.00, enter 0 ----- ▶ **11** \_\_\_\_\_

**12 Penalty** ▶ \_\_\_\_\_ **Interest** ▶ \_\_\_\_\_ Enter total penalty and interest **12** \_\_\_\_\_

**13 Balance due.** Add lines 11 and 12 ----- **BALANCE DUE** **13** \_\_\_\_\_

- Attach a complete copy of the 2014 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 Notice - See inside front cover of booklet

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

I authorize the ND Office of State Tax Commissioner to discuss this return with the paid preparer. (See instr.)

Print name of officer \_\_\_\_\_ Telephone number \_\_\_\_\_

**For Tax Department Use Only**

Paid preparer signature \_\_\_\_\_ Date \_\_\_\_\_

Print name of paid preparer \_\_\_\_\_ PTIN \_\_\_\_\_ Telephone number \_\_\_\_\_

**SCOR**

**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 2014 Form 60 Booklet.**

**Property factor**

Average value at original cost of real and tangible personal property used in the business. Exclude construction in progress.

**Column 1  
Total**

**Column 2  
North Dakota**

**Column 3  
Factor  
(Col. 2 ÷ Col. 1)**

**Result must be carried to six decimal places**

|                                                                         |                  |         |       |
|-------------------------------------------------------------------------|------------------|---------|-------|
| <b>1</b> Inventories -----                                              | <b>1</b> _____   | _____   |       |
| <b>2</b> Buildings and other fixed depreciable assets -----             | <b>2</b> _____   | _____   |       |
| <b>3</b> Depletable assets -----                                        | <b>3</b> _____   | _____   |       |
| <b>4</b> Land -----                                                     | <b>4</b> _____   | _____   |       |
| <b>5</b> Other assets ( <i>Attach schedule</i> ) -----                  | <b>5</b> _____   | _____   |       |
| <b>6</b> Rented property ( <i>Annual rental multiplied by 8</i> ) ----- | <b>6</b> _____   | _____   |       |
| <b>7</b> Total property. Add lines 1 through 6 ▶                        | <b>7</b> _____ ▶ | _____ ▶ | _____ |

**Payroll factor**

|                                                                                                                                                                                                                                                                                            |                  |         |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------|-------|
| <b>8</b> Wages, salaries, commissions and other compensation of employees reported on Federal Form 1120S ( <i>If the amount reported in Column 2 does not agree with the total compensation reported for North Dakota unemployment insurance purposes, attach an explanation</i> ) ----- ▶ | <b>8</b> _____ ▶ | _____ ▶ | _____ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------|-------|

**Sales factor**

|                                                                                                                                                                                                                                        |                   |         |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------|-------|
| <b>9</b> Gross receipts or sales, less returns and allowances ---                                                                                                                                                                      | <b>9</b> _____    |         |       |
| <b>10</b> Sales delivered or shipped to North Dakota destinations -----                                                                                                                                                                | <b>10</b> _____   |         |       |
| <b>11 a</b> Sales shipped from North Dakota to the U.S. Government -----                                                                                                                                                               | <b>11a</b> _____  |         |       |
| <b>b</b> Sales shipped from North Dakota to purchasers in a state or foreign country where the corporation does not have a filing requirement -----                                                                                    | <b>11b</b> _____  |         |       |
| <b>12</b> Total sales. Add lines 9 through 11b ----- ▶                                                                                                                                                                                 | <b>12</b> _____ ▶ | _____ ▶ | _____ |
| <b>13</b> Sum of factors. Add lines 7, 8, and 12 in Column 3 -----                                                                                                                                                                     | <b>13</b> _____   |         |       |
| <b>14</b> <b>Apportionment factor</b> 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 ----- ▶ | <b>14</b> _____ ▶ |         |       |

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

|                                                                                                              |                |
|--------------------------------------------------------------------------------------------------------------|----------------|
| <b>1</b> Excess net passive income subject to federal tax on Federal Form 1120S ----- ▶                      | <b>1</b> _____ |
| <b>2</b> Built-in gains subject to federal tax on Federal Form 1120S, Schedule D ----- ▶                     | <b>2</b> _____ |
| <b>3</b> Add lines 1 and 2 -----                                                                             | <b>3</b> _____ |
| <b>4</b> Apportionment factor from Schedule FACT, line 14 ----- ▶                                            | <b>4</b> _____ |
| <b>5</b> North Dakota apportioned income. Multiply line 3 by line 4 -----                                    | <b>5</b> _____ |
| <b>6</b> North Dakota NOL deduction from worksheet in instructions ( <i>Attach worksheet</i> ) ----- ▶       | <b>6</b> _____ |
| <b>7</b> North Dakota taxable income. Subtract line 6 from line 5 ----- ▶                                    | <b>7</b> _____ |
| <b>8</b> Tax from 2014 Tax Rate Schedule on page 5 of instructions. Enter on Form 60, page 1, line 1 ----- ▶ | <b>8</b> _____ |



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 *after July 31, 2013* ..... 2b \_\_\_\_\_
- 3 New or expanding business income exemption ..... 3 \_\_\_\_\_

**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 ..... 4b \_\_\_\_\_
  - c Renaissance zone: Nonparticipating property owner tax credit ..... 4c \_\_\_\_\_
- 5 Seed capital investment tax credit ..... 5 \_\_\_\_\_
- 6 Agricultural commodity processing facility investment tax credit ..... 6 \_\_\_\_\_
- 7 Biodiesel or green diesel fuel blending tax credit ..... 7 \_\_\_\_\_
- 8 Biodiesel or green diesel fuel sales equipment tax credit ..... 8 \_\_\_\_\_
- 9 Geothermal energy device tax credit ..... 9 \_\_\_\_\_
- 10 a Employer internship program tax credit ..... 10a \_\_\_\_\_
  - b Number of eligible interns hired in 2014 ..... 10b \_\_\_\_\_
  - c Total compensation paid to eligible interns in 2014 ..... 10c \_\_\_\_\_
- 11 a Microbusiness tax credit ..... 11a \_\_\_\_\_
  - b Qualifying new investment ..... 11b \_\_\_\_\_
  - c Qualifying new employment ..... 11c \_\_\_\_\_
- 12 Research expense tax credit ..... 12 \_\_\_\_\_
- 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 2013 ..... 14b \_\_\_\_\_
  - c Total compensation paid during the eligible employees' first 12 months of employment ending in 2013 ..... 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 Automation tax credit ----- 18 \_\_\_\_\_

**Other items**

*Line 19 only applies 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 I.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 all shareholders. Complete Column 6 for a nonresident shareholder. If applicable, complete Column 7 or Column 8 for a nonresident shareholder. See instructions for the definition of a "nonresident shareholder," which includes entities other than individuals for tax years 2014 and after.

|             | All Shareholders                                                                                  |                             |                                                |             |  |
|-------------|---------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------|-------------|--|
|             | Column 1                                                                                          | Column 2                    | Column 3                                       | Column 4    |  |
| Shareholder | Name and address of shareholder<br><i>If additional lines are needed, attach additional pages</i> | Social Security Number/FEIN | Type of entity<br><i>(See pg. 8 of instr.)</i> | Ownership % |  |
| <b>A</b>    | Name<br>_____<br>Address _____ State _____ Zip Code _____                                         |                             |                                                |             |  |
| <b>B</b>    | Name<br>_____<br>Address _____ State _____ Zip Code _____                                         |                             |                                                |             |  |
| <b>C</b>    | Name<br>_____<br>Address _____ State _____ Zip Code _____                                         |                             |                                                |             |  |
| <b>D</b>    | Name<br>_____<br>Address _____ State _____ Zip Code _____                                         |                             |                                                |             |  |
| <b>E</b>    | Name<br>_____<br>Address _____ State _____ Zip Code _____                                         |                             |                                                |             |  |
| <b>F</b>    | Name<br>_____<br>Address _____ State _____ Zip Code _____                                         |                             |                                                |             |  |
| <b>G</b>    | Name<br>_____<br>Address _____ State _____ Zip Code _____                                         |                             |                                                |             |  |

|                                                                                                      | All Shareholders<br><i>Complete Column 5 for ALL shareholders</i> | Nonresident Shareholders Only<br><i>Important: Columns 6 through 8 are for a NONRESIDENT SHAREHOLDER only. See instructions for which shareholders to include in Columns 6, 7, and 8.</i> |                                          |                                              |                                           |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-------------------------------------------|
|                                                                                                      | Column 5                                                          | Column 6                                                                                                                                                                                  | Column 7                                 | Column 8                                     |                                           |
| Shareholder                                                                                          | Federal distributive share of income (loss)                       | North Dakota distributive share of income (loss)                                                                                                                                          | North Dakota income tax withheld (3.22%) | Form PWA or Form PWE<br><i>(Attach copy)</i> | North Dakota composite income tax (3.22%) |
| <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> |                                                                   |                                                                                                                                                                                           |                                          |                                              |                                           |