



S CORPORATION INCOME TAX RETURN
 OFFICE OF STATE TAX COMMISSIONER
 SFN 28717 (12-2020)



Form 60
2020

| | | | | | |
|--|--|-----------------------------------|---------------|---|--|
| A Tax year: <input type="radio"/> Calendar year 2020 or <input type="radio"/> Fiscal year beginning _____, 2020, 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 | | |
| City | | State | ZIP Code | | |
| G TOTAL number of shareholders _____ ▶ | | | | F Check all that apply: <input type="radio"/> Initial return <input type="radio"/> Amended return <input type="radio"/> Final return <input type="radio"/> Extension <input type="radio"/> Farming/ranching corporation <input type="radio"/> Composite return | |
| Enter number of — | | | | | |
| Resident individual shareholders _____ ▶ | | Trust/estate shareholders _____ ▶ | | | |
| Nonresident individual shareholders _____ ▶ | | Tax-exempt organization _____ ▶ | | | |
| 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 _____ <input type="radio"/> Yes <input type="radio"/> 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 shown on a Form 1099 and/or North Dakota Schedule K-1 received by corporation (Attach Form 1099 and ND Schedule K-1) ... ▶ 5 _____
6. Estimated tax paid on 2020 Forms 60-ES and 60-EXT plus any overpayment applied from 2019 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 2021 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 copy of 2020 Form 1120S (including Schedule K-1s) and copy of ND Schedule K-1s

| | | | | | |
|--|--|------------------|---|--|--|
| 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 | <input type="radio"/> 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 | | | |
| Paid Preparer Signature | | Date | | | |
| Print Name Of Paid Preparer | | PTIN | | | |

SCOR

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



| | |
|---------------------------|--|
| Enter Name Of Corporation | Federal Employer Identification Number |
|---------------------------|--|

Schedule FACT Calculation of North Dakota apportionment factor

IMPORTANT: All corporations must complete the applicable portions of this schedule. See Schedule FACT instructions in 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

| | | | | |
|--|----------|---|---|--|
| 1. Inventories | 1 | | | |
| 2. Buildings and other fixed depreciable assets | 2 | | | |
| 3. Depletable | 3 | | | |
| 4. Land | 4 | | | |
| 5. Other assets (Attach schedule) | 5 | | | |
| 6. Rented property (Annual rental x 8) | 6 | | | |
| 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 (If the amount reported in Column 2 does not agree with the total compensation reported for North Dakota unemployment insurance purposes, attach an explanation)

| | | | | |
|--|----------|--|--|--|
| | 8 | | | |
|--|----------|--|--|--|

Sales factor

| | | | | |
|--|-----------|---|---|--|
| 9. Gross receipts or sales, less returns and allowances | 9 | | | |
| 10. Sales delivered, shipped, or assignable to North Dakota destinations | 10 | | | |
| 11. Sales shipped from North Dakota to the U.S. Government, or to purchasers in a state or foreign country where the corporation does not have a filing requirement | 11 | | | |
| 12. Total sales. Add lines 9 through 11 ▶ | 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 in 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 2020 Tax Rate Schedule in instructions. Enter on Form 60, page 1, line 1 | | 8 | |



Enter Name Of Corporation _____

Federal Employer Identification Number _____

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

Important! All taxpayers must read this section. If the corporation is claiming a deduction or credit on line 2, 3, 4a, 4b, 4c, 5, 6, 7, 8, 9a, 10, 12a or 17 of this schedule, this section must be completed. See "Property tax clearance" in instructions for details.

- ▶ Does the corporation or any of its officers responsible for state tax matters hold a 50 percent or more ownership interest in real property located in North Dakota? _____ Yes No
- If yes, enter below the name of each North Dakota county in which the corporation or any officers responsible for state tax matters hold a 50% or more interest in real property:
- _____

Attach to Form 60 the completed Property Tax Clearance Record(s) obtained from each county identified above.

North Dakota subtraction adjustments

- 1. Interest from U.S. obligations _____ **1** _____
- 2. Renaissance zone business or investment income exemption (*Attach Schedule RZ*) _____ **2** _____
- 3. New or expanding business income exemption (*Attach documentation*) _____ **3** _____

North Dakota tax credits

- 4. Renaissance zone tax credits: (*Attach Schedule RZ*)
 - a. Historic property preservation or renovation tax credit _____ **4a** _____
 - b. Renaissance fund organization investment tax credit _____ **4b** _____
 - c. Nonparticipating property owner tax credit _____ **4c** _____
- 5. Seed capital investment tax credit (*Attach documentation*) _____ **5** _____
- 6. Agricultural commodity processing facility investment tax credit (*Attach documentation*) _____ **6** _____
- 7. Biodiesel or green diesel fuel blending tax credit (*Attach documentation*) _____ **7** _____
- 8. Biodiesel or green diesel fuel sales equipment tax credit (*Attach documentation*) _____ **8** _____
- 9. a. Employer internship program tax credit (*Attach documentation*) _____ **9a** _____
 - b. Number of eligible interns hired in 2020 _____ **9b** _____
 - c. Total compensation paid to eligible interns in 2020 _____ **9c** _____
- 10. Research expense tax credit (*Attach documentation*) _____ **10** _____
- 11. a. Endowment fund tax credit from Schedule QEC, line 7 (*Attach Schedule QEC*) _____ **11a** _____
 - b. Contribution amount from Schedule QEC, line 4 _____ **11b** _____
 - c. Endowment fund tax credit from ND Schedule K-1 (*Attach ND Schedule K-1*) _____ **11c** _____
 - d. Contribution amount from ND Schedule K-1 _____ **11d** _____
- 12. a. Workforce recruitment tax credit (*Attach documentation*) _____ **12a** _____
 - b. Number of eligible employees whose 12th month of employment ended in 2019 _____ **12b** _____
 - c. Total compensation paid for first 12 months of employment to eligible employees included on line 12b _____ **12c** _____



| | |
|---------------------------|--|
| Enter Name Of Corporation | Federal Employer Identification Number |
|---------------------------|--|

Schedule K *continued* . . .

- 13. Credit for wages paid to a mobilized employee (*Attach Schedule ME or ND Schedule K-1*) **13** _____
- 14. Nonprofit private primary school tax credit (*Attach documentation*) **14** _____
- 15. Nonprofit private high school tax credit (*Attach documentation*) **15** _____
- 16. Nonprofit private college tax credit (*Attach documentation*) **16** _____
- 17. Angel investor investment tax credit - *only for credits attributable to investments made in qualified businesses by angel funds organized and certified after June 30, 2017 (Attach documentation)* **17** _____
- 18. Automation tax credit - *only for credits attributable to purchases made after December 31, 2018* **18** _____
- 19. Developmentally disabled/mentally ill employee tax credit **19** _____

Other items

Line 20 only applies to a multistate corporation — see instructions

- 20. a. Total allocable income from all sources (net of related expenses) **20a** _____
- b. Portion of line 20a that is allocable to North Dakota **20b** _____

Line 21 applies to all corporations — see instructions

- 21. For disposition(s) of I.R.C. Section 179 property, enter the North Dakota apportioned amounts:
 - a. Gross sales price or amount realized **21a** _____
 - b. Cost or other basis plus expense of sale **21b** _____
 - c. Depreciation allowed or allowable (excluding I.R.C. Section 179 deduction) **21c** _____
 - d. I.R.C. Section 179 deduction related to property that was passed through to partners **21d** _____



| | |
|---------------------------|--|
| Enter Name Of Corporation | Federal Employer Identification Number |
|---------------------------|--|

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.

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

| | All Shareholders <i>Complete Column 5 for ALL shareholders</i> | Nonresident Shareholders Only Important: Columns 6 through 8 are for a NONRESIDENT SHAREHOLDER only. See instructions for which shareholders to include in Columns 6, 7, and 8. | | | |
|--|---|---|--|--|---|
| | 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 (2.90%) | Form PWA or Form PWE <i>(Attach copy)</i> | North Dakota composite income tax (2.90%) |
| Shareholder | | | | | |
| A | | | | <input type="radio"/> | |
| B | | | | <input type="radio"/> | |
| C | | | | <input type="radio"/> | |
| D | | | | <input type="radio"/> | |
| E | | | | <input type="radio"/> | |
| F | | | | <input type="radio"/> | |
| G | | | | <input type="radio"/> | |
| 1 Total for Column 5 --- 1 | | | | | |
| 2 Total for Column 6 ----- 2 | | | | | |
| 3 Total for Column 7 . Enter this amount on Form 60, page 1, line 2 ----- 3 | | | | | |
| 4 Total for Column 8 . Enter this amount on Form 60, page 1, line 3 ----- 4 | | | | | |



S CORPORATION RETURN PAYMENT VOUCHER

OFFICE OF STATE TAX COMMISSIONER
SFN 28751 (12-2020)

Form 60-PV

2020

What is Form 60-PV?

Use this form if submitting a paper check or money order to pay a tax balance due on a 2020 Form 60. Do not use this form if paying electronically - see "How to make payment" for payment options.

Do not use Form 60-PV to make an extension payment. Extension payments should be made using the extension payment voucher, Form 60-EXT.

When is the payment due?

The payment must be made on or before the 15th day of the 4th month following the end of the tax year to avoid any late payment penalty or interest.

How to make payment

Make check or money order payable to "ND State Tax Commissioner" and write last four digits of federal employer identification number (FEIN) and "2020 Form 60-PV" on it. Complete the payment voucher, detach it from this page, and enclose it with payment and return. If Form 60 has already been filed, mail payment and voucher to:

Office of State Tax Commissioner
600 E. Boulevard Ave., Dept. 127
Bismarck, ND 58505-0599

Only a check drawn on a U.S. or Canadian bank in U.S. dollars and using a standard 9-digit routing number is accepted.

Electronic payment options. Instead of paying by check or money order with this payment voucher, the payment may be made electronically in one of the following ways.

If paying electronically, do not use this voucher.

- **Online**—A payment may be made online with an electronic check or a debit or credit card. The electronic check option is free. North Dakota contracts with a national payment service to provide the debit or credit card option. There is a fee for the debit or credit card option, none of which goes to the State of North Dakota. To pay online, go to www.nd.gov/tax/payment.
- **Electronic funds transfer**—A payment may be made by means of an Automated Clearing House (ACH) credit transaction that the taxpayer initiates through its banking institution. For more information, go to our website at www.nd.gov/tax.

Need help?

Phone: 701.328.1258

Speech or hearing impaired—800.366.6888

Email: individualtax@nd.gov

Privacy Act Notification. In compliance with the Privacy Act of 1974, disclosure of a social security number or Federal Employer Identification Number (FEIN) on this form is required under N.D.C.C. §§ 57-01-15, 57-38-01.4, and 57-38-31.1, and will be used for tax reporting, identification, and administration of North Dakota tax laws. Disclosure is mandatory. Failure to provide the social security number or FEIN may delay or prevent the processing of this form.

▼ Detach here and mail with payment ▼

FORM 60-PV S CORPORATION RETURN PAYMENT VOUCHER

2020

North Dakota Office of State Tax Commissioner
SFN 28751 (12-2020)

Do not use this voucher if paying electronically

| |
|--|
| Name Of Corporation As It Will Appear On Form 60 |
| Mailing Address |
| City, State, ZIP Code |

| | |
|--|--|
| Federal Employer Identification Number . . . ▶ | |
| Tax Year Beginning (mm/dd/yyyy) ▶ | |
| Tax Year Ending (mm/dd/yyyy) ▶ | |

Payment Amount ▶ \$

- Due 15th day of 4th month following end of tax year
- Mail payment and voucher to: Office of State Tax Commissioner
600 E. Boulevard Ave., Dept. 127
Bismarck, ND 58505-0599

- Make payable to: ND State Tax Commissioner
- Write "2020 60-PV" on check



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