

# **S CORPORATION INCOME TAX RETURN**

OFFICE OF STATE TAX COMMISSIONER SFN 28717 (12-2024)



Form 60 **2024** 

					<b>4</b>
A Tax year: Calendar yea	r 2024 or	cal year beginning		, 2024, and ending	, 20
<b>B</b> Corporation's Name (Legal)				C Federal EIN *	
Doing Business As Name (I	f Different From L	∟egal Name)		<b>D</b> Business Code No. (see instructions)	
Mailing Address			Apt. Or	Incorporated	Day Year
City		State	ZIP Code	F Check all that apply:	nended return
<b>G TOTAL number of shareh</b> Enter number of —	olders		·•	Final return	tension
Resident individual shareholders	<b>&gt;</b>	Trust/estate shareholders	<b>&gt;</b>	Farming/ranching corporation  Composite return	
Nonresident individual shareholders	<b>&gt;</b>	Tax-exempt organization	<b>_</b> _		
<b>H</b> Does this return include a q name and federal employer					Yes O No
Before completing li	nes 1 through 1	3 on this page, com	plete the ap	plicable schedules on pages 2 thro	 ugh 5.
				rm 60) for the shareholders.	_
1 Tay on evenes not passive	income and built	t in gains if any (from	naga 2 Caba	dula BC lina 9)	
•		, , ,		dule BG, line 8) ▶ 1	
				5, line 3) ▶ <b>2</b>	
<b>3.</b> Composite income tax for	electing nonresid	dent shareholders <i>(fror</i>	n page 5, Sch	nedule KS, line 4) <b>3</b>	
4. Total taxes due. Add lines	1, 2, and 3			<b>4</b>	
Tax paid					
<b>5.</b> North Dakota income tax received by corporation (		•			
<b>6.</b> Estimated tax paid on 202 return ( <i>If an amended ret</i>					
7. Total payments. Add lines	5 and 6			<b>&gt;</b> 7	
<b>8. Overpayment.</b> If line 7 is go to line 11. If result is le					
9. Amount of line 8 to be ap	plied to 2025 esti	imated tax	- ▶ 9		
.0. Refund. Subtract line 9 f	rom line 8. If resu	ult is less than \$5.00, e	enter 0	REFUND   10	
<b>1. Tax due.</b> If line 7 is less enter 0					
L2. Penalty ▶	Interes	t <b>&gt;</b>	Enter tot	al penalty and interest 12	
	1 and 12			BALANCE DUE 13	
declare that this return is correct				* Privacy Act Notice-See inside front	cover of bookle
Signature Of Officer	and complete to the	e best of my knowledge an	Date	I authorize the ND Office of State Ta discuss this return with the paid pre	x Commissioner
Print Name Of Officer		Telep	hone Number	For Tax Department Use Only	
Paid Preparer Signature		•	Date	1	
Print Name Of Paid Preparer	PTIN	Telep	phone Number	SCOR	
				J <b>SCOR</b>	

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



Corporation's Name (legal)	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.

Ave pers	<b>Operty factor</b> rage value at original cost of real and tangible sonal property used in the business. Exclude struction in progress.	Column 1 Total	Column 2 North Dakota	Column 3 Factor (Col. 2 ÷ Col. 1)
1.	Inventories	1		Result must be carried to six
2.	Buildings and other fixed depreciable assets	2		decimal places
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	_ <b>&gt;</b>	<b>&gt;</b>
Pa	yroll 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	_	<b>&gt;</b>
Sal	les 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. Governme purchasers in a state or foreign country where the corporate have a filing requirement	oration does	_ 11	
12.	Total sales. Add lines 9 through 11 I	▶12	_ <b>&gt;</b>	<b>&gt;</b>
13.	Sum of factors. Add lines 7, 8, and 12 in Column 3 $_{}$			13
14.	<b>Apportionment factor -</b> Divide line 13 by 3.0; however divide line 13 by the number of factors (on lines 7, 8, ar zero in Column 1	nd 12) showing an am	nount greater than	▶14
Scl	nedule BG Tax in excess passive income	and built-in gai	ins	
1.	Excess net passive income subject to federal tax on Fed	deral Form 1120S		<b>▶</b> 1
2.	Built-in gains subject to federal tax on Federal Form 11	20S, Schedule D		<b>&gt;</b> 2
3.	Add lines 1 and 2			<b>3</b>
4.	Apportionment factor from Schedule FACT, line 14			<b>4</b>
5.	North Dakota apportioned income. Multiply line 3 by line	e 4		<b>▶</b> 5
6.	North Dakota NOL deduction from worksheet in instruct	tions <i>(Attach workshe</i>	eet)	▶ 6
7.	North Dakota taxable income. Subtract line 6 from line	5		<b>7</b>
8.	Tax from 2024 Tax Rate Schedule in instructions. Enter	on Form 60, page 1,	line 1	▶ 8



Corporation's Name (legal)

Federal Employer Identification Number

#### Schedule K

# Total North Dakota adjustments, credits, and other items distributable to shareholders

All corporations must complete this schedule

4b	<b>sportant! All taxpayers must read this section.</b> If the corporation is claiming a deduction or crows. 4c, 5, 6, 7, 8, 9a, 10, 12a, 17, or 18 of this schedule, this section must be completed. See "Property tax tructions for details.	
1	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 responsation matters hold a 50% or more interest in real property:	_
At	tach to Form 60 the completed Property Tax Clearance Record(s) obtained from each county is	dentified above.
Nor	th Dakota subtraction adjustments	
<b>1.</b> Ir	nterest from U.S. obligations	1
<b>2.</b> R	enaissance zone business or investment income exemption (Attach Schedule RZ)	_ 2
<b>3.</b> N	ew or expanding business income exemption (Attach documentation)	. 3
Nor	th Dakota tax credits	
<b>4.</b> R	enaissance zone tax credits: (Attach Schedule RZ)	
а	Historic property preservation or renovation tax credit	. 4a
b	Renaissance fund organization investment tax credit	_ 4b
c	Nonparticipating property owner tax credit	4c
<b>5.</b> S	eed capital investment tax credit (Attach documentation)	5
<b>5.</b> A	gricultural commodity processing facility investment tax credit (Attach documentation)	6
<b>7.</b> B	iodiesel or green diesel fuel blending tax credit (Attach documentation)	7
<b>3.</b> B	odiesel 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 2024 9b	_
c	Total compensation paid to eligible interns in 2024 9c	_
). R	esearch expense tax credit (Attach documentation)	10
l. 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-111d	-
2. a	. Workforce recruitment tax credit (Attach documentation)	12a
b	Number of eligible employees whose 12th month of employment ended in 202312b	-
c	Total compensation paid for first 12 months of employment to eligible employees included on line 12b	-

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Cor	poration's Name (legal)	Federal Employer Identification Number
	poration 3 Name (regar)	Trederal Employer Identification Number
Scl	hedule 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 quali businesses by angel funds organized and certified after June 30, 2017 (Attach documentation)	
18.	Automation tax credit (Attach approval letter)	18
19.	Developmentally disabled/mentally ill employee tax credit	19
20.	Maternity home, child placing agency, or pregnancy help center credit (Attach documentation)	20
21.	a. Apprentice tax credit (Attach documentation)	21a
	<b>b.</b> Number of eligible apprentices employed in 2024 <b>21b</b>	
	c. Total compensation paid to eligible apprentices in 2024 21c	
Otł	ner items	
	Line 22 only applies to a multistate corporation	
22.	a. Total allocable income from all sources (net of related expenses) 22a	
	<b>b.</b> Portion of line 22a that is allocable to North Dakota <b>22b</b>	
	Line 23 applies to all corporations	
23.	For disposition(s) of I.R.C. Section 179 property, enter the North Dakota apportioned amounts:	
	a. Gross sales price or amount realized	23a
	<b>b.</b> Cost or other basis plus expense of sale	23b
	c. Depreciation allowed or allowable (excluding I.R.C. Section 179 deduction)	23c

d. I.R.C. Section 179 deduction related to property that was passed through to partners \_\_\_\_\_ 23d \_\_\_\_\_

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Corporation's Name (legal)	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.

	Column 1	Column 2	Column 3	Column 4		
Shareholder		ndditional li ach additio	nes are needed, nal pages	Social Security Number/FEIN	Type of entity (See instructions)	Ownership %
	Name					
A	Address	State	Zip Code			
_	Name	•	•			
В	Address	State	Zip Code			
	Name	•				
С	Address	State	Zip Code			
,	Name					
D	Address	State	Zip Code			
-	Name	-				
E	Address	State	Zip Code			
_	Name		•			
F	Address	State	Zip Code			
	Name	_				
G	Address	State	Zip Code			
		1	1		I	

	All Shareholders Complete Column 5	Nonresident Shareholders Only Important: Columns 6 through 8 are for a NONRESIDENT SHAREHOLDER only.				
	for ALL shareholders  Column 5	See instructions for wh	ich shareholders to Colum	mns 6, 7, and 8.  Column 8		
Shareholder	Federal distributive share of income (loss)	North Dakota distributive share of income (loss)	North Dakota income tax withheld (2.50%)	Form PWA or Form PWE (Attach copy)	composite income	
Α				0		
В				0		
С				0		
D				0		
E				0		
F				0		
G				0		
1 Total for Column 5 1		NA	NA			
2 Total for Column 6	2l			NA	NA	
3 Total for Column 7. Enter t	his amount on Form 60, pa	age 1, line 2 <b>3</b>				
4 Total for Column 8. Enter t	his amount on Form 60, pa	age 1, line 3		4		