

Schedule
ND-1TC

North Dakota Office of State Tax Commissioner

Tax Credits

2013

Attach to Form ND-1

Please type or print in black or blue ink. See separate instructions.

Name(s) shown on return

Your social security number

Complete and attach this schedule to Form ND-1 if you are claiming any of the tax credits listed on this schedule
Attach any required schedule (as indicated in parentheses)

1. Family member care tax credit (Attach Schedule ND-1FC) _____ (S2) 1 _____
2. Renaissance zone tax credit (Attach Schedule RZ) _____ (S3) 2 _____
3. Agricultural commodity investment tax credit _____ (NE) 3 _____
4. Seed capital investment tax credit _____ (NG) 4 _____
5. Planned gift tax credit (Attach Schedule ND-1PG) _____ (NM) 5 _____
6. Biodiesel or green diesel fuel supplier (wholesaler) tax credit _____ (NN) 6 _____
7. Biodiesel or green diesel fuel seller (retailer) tax credit _____ (NO) 7 _____
8. a. Employer internship program tax credit _____ (NP) 8a _____
b. Number of eligible interns hired in 2013 _____ (NQ) 8b _____
c. Total compensation paid to eligible interns in 2013 _____ (NR) 8c _____
9. a. Microbusiness tax credit _____ (NS) 9a _____
b. Amount of qualifying new investment in 2013 _____ (NT) 9b _____
c. Amount of qualifying new employment in 2013 _____ (NU) 9c _____
10. a. Research expense tax credit _____ (NV) 10a _____
b. Research expense tax credit purchased from another taxpayer in 2013 _____ (NW) 10b _____
11. a. Angel fund investment tax credit _____ (NX) 11a _____
b. Carryover of angel fund investment tax credit purchased from another taxpayer _____ (OJ) 11b _____
12. Endowment fund tax credit from passthrough entity _____ (NY) 12 _____
13. a. Workforce recruitment tax credit _____ (OA) 13a _____
b. Number of eligible employees whose 12th month of employment ended in 2012 tax year _____ (OB) 13b _____
c. Total compensation paid for first 12 months of employment to eligible employees included on line 13b _____ (OC) 13c _____
14. Geothermal energy device tax credit (only for devices installed on or after January 1, 2009):
a. Date on which installation of device was completed- enter as follows: mm/dd/yyyy _____ (OD) 14a _____
b. Amount of credit _____ (OE) 14b _____
15. Tax credit for wages paid to a mobilized employee (Attach Schedule ME) _____ (OF) 15 _____
16. "Partnership plan" long-term care insurance tax credit _____ (OG) 16 _____
17. Carryover of unused 2009 retroactive property tax relief income tax credit _____ (OI) 17 _____
18. Endowment fund contribution tax credit (Attach Schedule ND-1EC) _____ (OK) 18 _____
19. Housing incentive fund tax credit (Attach credit certificate from ND Housing Finance Agency) _____ (OL) 19 _____
20. NEW! Automation tax credit _____ (OM) 20 _____
21. Total other credits from lines 1 through 8a, 9a, 10a through 13a, and 14b through 20.
Enter the result on Form ND-1, line 25 _____ (NZ) 21 _____