

Schedule
ND-1SA

North Dakota Office of State Tax Commissioner
Statutory Adjustments

2013

Please type or print in black or blue ink.

Attach to Form ND-1

Your name (First, MI, Last name)	Your social security number
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Complete and attach this schedule to Form ND-1 if any of the adjustments listed on this schedule apply to you
Attach any required schedule (as indicated in parentheses)

1. Renaissance zone income exemption (Attach Schedule RZ)(S7) 1 _____
 2. New or expanding business income exemption under N.D.C.C.ch.40-57.1(NH) 2 _____
 3. Human organ donor expense deduction(NL) 3 _____
 4. Employee workforce recruitment exclusion(CA) 4 _____
 5. Total subtractions. Add lines 1 through 4. Enter result on Form ND-1, line 165 _____
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