

Schedule  
**ND-1SA**

North Dakota Office of State Tax Commissioner

**Statutory Adjustments**

Please type or print in black or blue ink.

**2013**

**Attach to Form ND-1**

Your name (First, MI, Last name)

Your social security number

**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 16 .....5 \_\_\_\_\_
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