

DIVISION OF REVENUE AND TAXATION

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

ALLOCATION OF INCOME FOR PARTNERSHIP RETURN

(See instructions on reverse side)

Sch 1 (-CM		See separate instructions							2013				
For calendar year 2013 or tax												. 20				
A Principal business activity					Name of partnership							D Employer identification number				
B Principal p			product or service	Please type or	Number, street, and room or suite no. (If a P.O. box, see the instructions.)							E Date	E Date business started			
C Bu	sine	ess	code number	print in ink		n, state, an	d ZIP code						assets (se	ee the instruction	ons)	
H Ch	eck mb	ac er c	counting method: of Schedules K-1. A Schedules C and Mon: Include only to	(6) ☐ T (1) ☐ C ttach on -3 attach rade or	e for each pened . business in	(2) Acceptance Accept	so check (1) or (2 ccrual (3) vas a partner at a expenses on lin	Otlany times	her (specify) e during the tax yea through 22a below	ar	ess Chang	ions for mo			. 🗆	
			S	ource	of Inco	me and	l Deductio	ns	A WITHOUT		W	B ITHIN		C TOTAL		
Income		b c 2 3 4	Gross receipts or sales													
		6	Net gain (loss) from Other income (loss Total income (loss	n Form	4797, Part II h statement)	, line 17 (att	ach Form 4797)	. 6 7 8								
Deductions (See the instructions for limitations on deductions.)	1 1 1 1 1 1 1 1 1 2 2	0 1 2 3 4 5 6a b 7 8 9 0	Salaries and wages Guaranteed payme Repairs and mainte Bad debts Rents Taxes and licenses Interest Depreciation (attact Less depreciation (Schedule A and e Depletion (Do not Retirement plans, Employee benefit p Other deductions (Total deductions. Ordinary business Allocable percenta	ents to penance son this ch Form reported lsewher deduct etc orogram fattach s Add lin s incom	return)	16a 16b depletion)		10 11 12 13 14 15 16c 17 18 19 20 21 22a 22b		%			%	100%		
Sign Here			disc								May t					
Paid Preparer's Jse Only			Preparer's signature Firm's name (or yours it self-employed), addres:					Date		Check if self-emplo	yed EIN	PTIN				
		′	and ZIP code								Phone	= No. ()			

1065-CM INSTRUCTIONS

This form shall be used as attachment to Form 1065, U.S. Return of Partnership Income. The purpose of this form is to allocate the income and expenses of the partnership income based on source of income and related expenses.

- 1. For lines 1c through 22a, make appropriate source allocation from each line item based upon income source within and without the CNMI. Enter the figure in their respective column.
 - NOTE: Line 14. BGRT taken as deduction can not be used as a non-refundable credit.
- 2. For line 22b, make the percentage allocation of the taxable income from each source in proportion to the total taxable income on line 22a by dividing the taxable income from line 22a, columns A and B by the total taxable income from line 22a, column C.

EXAMPLE:

Percentage allocation for line 22b, col. A

Line 22a, column A

———— = Percentage allocation for line 22b, column A

Line 22a, column C

Percentage allocation for line 22b, column B

Caution: If the percentage allocation is less than zero, enter zero. If more than 100%, enter only 100%.

- 3. All other instructions are contained in the regular Form 1065 instruction booklet.
- 4. Attach Schedule 1065-CM to Form 1065.

NOTE: The Partnership shall properly allocate the income (loss) to each shareholder. Also, all non-refundable credits shall be properly allocated to each shareholder under 4 CMC §1308(b).

However, any Business Gross Revenue Tax taken as a deduction shall not be allowed as a non-refundable credit.