

North Dakota Office of State Tax Commissioner Individual income tax return for full-year residents with no adjustments or credits



our first name	MI Last name	name		Date of death	Your social security number*
If joint return, spouse's first name	MI Last name		Deceased	Date of death	Spouse's social security number*
Mailing address		Apt No.	Fill in if you obtained an extension of time to file your return: (See page 9		to file
City	State	Zip code			
 A. Filing status used on federal 1. Single 2. Married filing jointly 3. Married filing separately Federal adjusted gross incom	4. Head of household 5. Qualifying widow(er) with dependent child		(See page 19) (1		C. Income source code (See page 9)
D. Federal adjusted gross income line 21 of Form 1040A, or line	om line 37 of Form 10	40,			() D
Tax calculation 1. Federal taxable incorficom line or line 6 of Form 10和底底yo				(NC	o) 1
2. Tax -Enter tax on amount on ax paid					
North Dakota withholding(At Refund	tach W-2s, 1099s, and	d/or North Da	akota K-1s) .	(SF	F) 3
4. Overpayment If line 3 is MOR otherwise, go to line 3 is MOR		t line 2 from	line 3;	(sc	G) 4
5. Voluntary Watchable contribution to: Wildlife Fur		s For ND ram Trust Fu	ınd (sw)	Enter total	5
6. RefundSubtract line 5 from li	fi∉ess than \$5.00, enter	0		(S	R) 6
To direct deposit refund, complete items a, b, and c. (See page 9)	a. Routing numbeb. Account numbe		_ c. T:	ype of account Checking Savings	
7. Tax duelf line 3 is LESS than If less than \$5.00, enter 0	line 2, subtract line 3			(Sa	z) 7
3. Voluntary Watchable contribution to: Wildlife Fur	Tree	Trees For ND Su) Program Trust Fund (8
9. Balance dueAdd lines 7 and 8	. PalyD:State Tax Comr	nissioner	_		9
For a complete re	eturn, you must attach a	a copy of you	r 2013 federal	tax return	
declare that this return is correct ar	nd complete to the best o	of my knowled	ge and belief.	* Privacy Act - See	e inside front cover of booklet.
ur signature	Date	Phone number (la	nd line)		Office of State Tax Commissioner to with the paid preparer.
ouse's signature	Date	Cell phone no.		This Space Is	For Tax Department Use Only
id preparer signature	PTIN	Da	te		
int name of paid preparer		Phone no.	רוו	Г	