North Dakota Office of State Tax Commissioner

ND-EZ Individual income tax return for full-year residents with no adjustments or credits

2012 WEB

| Your name (First, MI, Last name) | | | | ceased O | Your social security number* | |
|---|---|--|---|--|---|--|
| If joint return, spouse's name (First, MI, Last name) | | | | ceased O | Spouse's social security number* | |
| Mailing address Apt No. | | | | Fill in if you obtained an extension of time to file | | |
| City | | State | Zip code | | your return: (See page 9) Extension O | |
| O 2. Married filing jointly O 3. Married filing separately | ○ 4. Head of ○ 5. Qualify with de | of household ying widow(er) ependent child | | (See pa | | C. Income source code: (See page 9) |
| D. Federal adjusted gross income line 21 of Form 1040A, or line 4 | e from line | 37 of Form | 1040, | - | ne D. If zero, e | |
| Tax calculation 1. Federal taxable income from I or line 6 of Form 1040EZ. This is | | | | | | 1 |
| Tax - Enter amount from Tax Tal Tax paid North Dakota withholding (Attack | | | | | | |
| A. Overpayment - If line 3 is MOR otherwise, go to line 7. <i>If less</i> | | | | | (SG) | 4 |
| Voluntary Watchable contribution to: Wildlife Fund (S | | | rust Fund | | | |
| 6. Refund. Subtract line 5 from line 4. If less than \$5.00, en To direct deposit refund, complete items a, b, and c. (See page 9) b. Account number: | | | | c. Type of account | | |
| Tax due 7. Tax due - If line 3 is LESS than I If less than \$5.00, enter 0 | | | | | (SZ) | 7 |
| 8. Voluntary Watchable contribution to: Wildlife Fund (see | untary Watchable Trees For ND htribution to: Wildlife Fund (SU) Program Trust Fi | | | Enter und (SY) total ⁸ | | |
| 9. Balance due. Add lines 7 and 8 | . Pay to: I | ND State Ta | x Commis | sioner | | 9 |
| For a complete ret | urn, you r | must attach | a copy of | your 201 | 2 federal tax | return |
| I declare that this return is correct and con Your signature | mplete to th | | k <i>nowledge a</i> number (land lin | e) | authorize the ND Off | ice of State Tax Commissioner to |
| Spouse's signature | Date | e Cell pho | one no. | | discuss this return with This Space Is F | or Tax Department Use Only |

Mail to: Office of State Tax Commissioner, PO Box 5621, Bismarck, ND 58506-5621

Paid preparer signature

Print name of paid preparer

PTIN

Date

IIT

Phone no.