Form

North Dakota Office of State Tax Commissioner



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

Your name (First, MI, Last name)				ased Date of	death	our social security number*	
If joint return, spouse's name (First, MI, Last name)			Dece		death	Spouse's social security number*	
Mailing address	Apt No.	$\overline{}$	Fill in if you obtained an extension of time to file your return: (See page 9) Extension O				
City	Zip code						
_	one) usehold widow(er) dent child	B. School district code: (See page 19)		C. Income source code (See page 9)			
Federal adjusted gross income	For a complete	return, you mu	st comple	te Line D.	f zero,	enter 0.	
D. Federal adjusted gross income line 21 of Form 1040A, or line 4					_ (SX)	D	
Tax calculation							
 Federal taxable income from I or line 6 of Form 1040EZ. This 		·			_ (ND)) 1	
2. Tax - Enter tax on amount on lin	e 1 from Tax T	able on page 2	of instru	ıctions	_ (SB)	2	
3. North Dakota withholding (Attach	า W-2s, 1099s,	and/or North [akota K-	1s)	_ (SF)	3	
Refund							
 Overpayment - If line 3 is MOR otherwise, go to line 7. If less 					(SG)) 4	
5. Voluntary Watchable contribution to: Wildlife Fund (S	foluntary Watchable Trees For ND contribution to: Wildlife Fund (SP) Program Trust Fund			Enter nd (sw) total 5			
6. Refund. Subtract line 5 from line	ne 4. <i>If less ti</i>	han \$5.00, en	ter 0		(SR) 6	
To direct deposit refund, complete items a, b, and c. (See page 9) a. Routing number: b. Account number:			O Checking				
ax due					0 .	savgs	
7. Tax due - If line 3 is LESS than If less than \$5.00, enter 0					_ (SZ)) 7	
8. Voluntary Watchable contribution to: Wildlife Fund (St	Voluntary Watchable Trees For ND Enter ontribution to: Wildlife Fund (SU) Program Trust Fund (SY) total 8						
9. Balance due. Add lines 7 and 8	. Pay to: ND S	State Tax Com	missione	er		_ 9	
▶ For a complete ret	urn, you mus	t attach a cop	y of your	2013 fede	eral ta	x return	
declare that this return is correct and co	mplete to the be	st of my knowled	ge and bel	ief. * Privacy	Act - Se	e inside front cover of bookle	
ur signature	Date	Phone number (la		I authorize	the ND C	office of State Tax Commissioner to vith the paid preparer.	
ouse's signature	Date	Cell phone no.				For Tax Department Use Only	
aid preparer signature	PTIN	Di	ite				
int name of paid preparer		Phone no.		ПТ			