Form

North Dakota Office of State Tax Commissioner Individual Income Tax Return for full-year residents with no adjustments or credits



WEB

Your name (First, MI, Last name)			Decea	Sed Date of death	Your social security number*	
If joint return, spouse's name (First, MI, Last name)			Deceas	Sed Date of death	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		
A. Filing status used on federal return: (Fill in only one O 1. Single O 2. Married filing jointly O 3. Married filing separately O 4. Head of househ O 5. Qualifying widow with dependent		nold w(er)		ool district code: e page 19) —	C. Income source code: (See page 9)	
Federal adjusted gross income For a co	mplete reti	urn, you mus	t complet	e Line D. If zero	o, enter O.	
D. Federal adjusted gross income from F line 21, or Form 1040EZ, line 4					X) D	
Tax calculation						
Federal taxable income from Form 10 Form 1040EZ, line 6					D) 1	
2. Tax - Enter tax on amount on line 1 from	n Tax Table	e on page 20	of instruc	ctions (s	B) 2	
Tax paid						
3. North Dakota income tax withheld from v (Attach Form W-2, Form 1099, and Nort	wages and h Dakota S	other payme	ents)	(s	F) 3	
Refund						
4. Overpayment - If line 3 is MORE than I otherwise, go to line 7. If less than \$					G) 4	
5. Voluntary Watchable contribution to: Wildlife Fund (SP)		For ND am Trust Fu	nd (sw) _	Enter total	5	
6. Refund. Subtract line 5 from line 4. If	less than	\$5.00, ent	er O	(S	SR) 6	
To direct deposit refund, complete items a, b, and c. (See page 9) b. Account number:				O Chacking		
Tax due						
7. Tax due - If line 3 is LESS than line 2, s If less than \$5.00, enter 0				(s	z) 7	
8. Voluntary Watchable contribution to: Wildlife Fund (su)	Trees Progr	For ND am Trust Fu	nd (SY) _	Enter total	8	
9. Balance due. Add lines 7 and 8. Pay to						
▶ For a complete return, yo	u must at	tach a copy	of your	2015 federal ta	ax return	
I declare that this return is correct and complete to				ef. * Privacy Act - :	See inside front cover of booklet	
Your signature	Date	Telephone number	(land line)		Office of State Tax Commissioner to with the paid preparer.	
Spouse's signature	Date	Telephone number	(cell)	This Space	Is For Tax Department Use Only	
Paid preparer signature	PTIN	Da	re			
Print name of paid preparer		Telephone number	·	IIT		