Form

North Dakota Office of State Tax Commissioner



ND-1 Individual	Inco	me Ta	x Re	eturn	2015 WEB
			scal year file year end: (er, enter <i>'See page 11)</i> _	//
Your name (First, MI, Last name)			Deceased	Date of death	Your social security number
If joint return, spouse's name (First, MI, Last name)			Deceased	Date of death	Spouse's social security number
Mailing address		Apt No.	O ► Fill in 1	only if applicabl	le: <i>(See page 11)</i>
City	State	ZIP code		5	Amended return: General O nded return: Federal NOL O Extension O
an fadanal naturna	O 5. Qualif	of household fying widow(er)		Reciprocity	State
O 3. Married filing separatelyB. School district code:C. In	ed filing separately with dependent child C. Income source code: (See page 11)		Attach a copy of your 2015 federal income tax return		
D. Federal adjusted gross income from Form 1040 or Form 1040EZ, line 4				(SX)	D
1. Federal taxable income from Form 1040, line 4 or Form 1040EZ, line 6 (If zero, see page 12 of it				· · (SS)	1
 Additions 2. Lump-sum distribution from Federal Form 4972 3. Adjustment for loss from an S corporation that e to be taxed as a C corporation 	lected				
4. a. Planned gift or endowment tax credit adjustm	ent to incor	me (NK) 4a			
b. Housing incentive fund tax credit adjustment	to income _	(AP) 4b			
5. Total additions. Add lines 2 through 4b					5
6. Add lines 1 and 5					6
Subtractions 7. Interest from U.S. obligations		(SN) 7			
8. Net long-term capital gain exclusion (From worksheet on page 13 of instructions)		(NC) 8			
9. Exempt income of an eligible Native American		(S4) 9			
10. Benefits received from U.S. Railroad Retirement	Board	(S5) 10			
11. Adjustment for income from an S corporation that to be taxed as a C corporation		(S6) 11			
12. National Guard/Reserve member federal active d exclusion <i>(Attach copy of Title 10 orders)</i>		(NI) 12			
13. Nonresident only: Servicemembers Civil Relief A (Attach copy of Form W-2 showing this compension)	ct adjustme ation)	ent (NJ) 13			
14. College SAVE account deduction		(AA) 14			
15. Qualified dividend exclusion		(AO) 15			
16. Total other subtractions (Attach Schedule ND-1S	A)	(AB) 16			
17. Total subtractions. Add lines 7 through 16					17

18. North Dakota taxable income. Subtract line 17 from line 6. If less than zero, enter 0 ____ (ND) 18 _

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19. Enter your North Dakota taxabl	e income from line 18 of pag	ge 1	
Tax calculation			
20. Tax - If a full-year resident, entiring you have farm income or sold a			
If a full-year nonresident or pa line 21; however, if you sold a res			e ND-1NR, (SB) 20
Credits			
21. Credit for income tax paid to anot (Attach Schedule ND-1CR)		(SD) 21	
22. Marriage penalty credit for joint fil (From worksheet on page 14 of in		(AC) 22	
23. Total other credits (Attach Schedu	le ND-1TC)	(AE) 23	
24. Total credits. Add lines 21 throug	h 23		24
25. Net tax liability. Subtract line 2	4 from line 20. If less than	zero, enter 0	(SE) 25
Tay paid			
 Tax paid 26. North Dakota income tax withheld payments (<i>Attach Form W-2, Forr Schedule K-1</i>) 	n 1099, and North Dakota	(SF) 26	
27. Estimated tax paid on 2015 Forms plus an overpayment, if any, appli		(S&) 27	
28. Total payments. Add lines 26 and	27		(AJ) 28
-	than \$5.00, enter 0		
			(32) 30
31. Voluntary Watchable contribution to: Wildlife Fund (S	Trees For I P) Program Ti		Enter
32. Refund. Subtract lines 30 and 3	1 from line 29. If less than	\$5.00, enter 0 _	(SR) 32
To direct deposit your refund,	a. Routing number:		
complete items a, b, and c. <i>(See page 15)</i>	b. Account number:		
(c. Type of account: O Ch	vings	
Tax Due			
33. Tax due - If line 28 is LESS than If less than \$5.00, enter 0			(SZ) 33
34. Penalty (AK)	Interest (AL)	En	ter total 34
35. Voluntary Watchable contribution to: Wildlife Fund (SU	Trees For N Program Tre	D ust Fund (SY)	Enter total ³⁵
36. Balance due. Add lines 33, 34, 3	5, and, if applicable, line 37.		
37 . Interest on underpaid estimated t	ax from Schedule ND-1UT	(SO) 37	
► For a complete return, y			
I declare that this return is correct and com	plete to the hest of my knowledge	and helief	* Privacy Act - See inside front cover of booklet.
Your signature		one number (land line)	Privacy Act - See Inside front cover of booklet. I authorize the ND Office of State Tax Commissioner to
Spouse's signature	Date Teleph	one number (cell)	discuss this return with the paid preparer. (See instr.) This Space Is For Tax Department Use Only
Paid preparer signature	PTIN	Date	
Print name of paid preparer	Teleph	one number	ПТ
Mail to: State Tax Comm	issioner, PO Box 5621.		• • •

Bismarck, ND 5	8506-5621
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