



INDIVIDUAL INCOME TAX RETURN
OFFICE OF STATE TAX COMMISSIONER SFN 28702 (12-2023)

2023

|  |   | If a fiscal y fiscal year       | ear filer, er<br>end: <i>(See l</i> | iter<br>instructions)  | /            | /                                   |  |  |
|--|---|---------------------------------|-------------------------------------|--|--------------|-------------------------------------|--|--|
| 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 So  | ocial Security Number               |  |  |
| Current Mailing Address Apt  |   |                                 |                                     | if applicable:<br>instructions)  |              | nded: General 🔾<br>d: Federal NOL 🔾 |  |  |
| City   | State   | ZIP Code                        | <b>E.</b> Fill in                   | if applicable: (   | (See instr.) | Extension (                         |  |  |
| on federal return: O 2. Married filing jointly O 5. Qualifyi   |   | of household<br>fying surviving | (See ins                            | T Reciprocity<br>tructions)  | 0            | State                               |  |  |
| (Fill in only one)  O 3. Married filing separately  B. School district code: (See instructions)  C. Income source code: (See instructions) |   |                                 |                                     | <ul> <li>Attach a copy of your entire 2023 federal income tax return</li> <li>Attach W-2s, 1099s, and/or ND Sch. K-1s showing ND income tax withholding</li> </ul> |              |                                     |  |  |
| a. Federal adjusted gross income from Form If zero, enter zero   | orm 1040 or 10                                  | 040-SR, line 11.                |                                     | (SX  | ) 1a         |                                     |  |  |
| <b>b. Federal taxable income</b> from Form 104 If zero, see instructions   | 0 or 1040-SR,<br>                               | line 15.                        |                                     | (SS)   | 1b           |                                     |  |  |
| Additions  |   |                                 |                                     |  |              |                                     |  |  |
| 2. Planned gift or endowment tax credit adjustr  | nent to income                                  | (NK) 2                          |                                     |  |              |                                     |  |  |
| 3. Total other additions. (Attach Schedule ND-   | 1SA)  | (AV) 3 <u></u>                  |                                     |  |              |                                     |  |  |
| <b>4. a.</b> Total additions. Add lines 2 and 3  |   |                                 |                                     |  | 4a           |                                     |  |  |
| <b>b.</b> Add lines 1b and 4a  |   |                                 |                                     |  | 4b           |                                     |  |  |
| Subtractions   |   |                                 |                                     |  |              |                                     |  |  |
| <b>5.</b> Interest from U.S. obligations   |   | (SN) 5                          |                                     |  |              |                                     |  |  |
| <b>6.</b> Net long-term capital gain exclusion (From worksheet in instructions)  |   | (NC) 6 <u></u>                  |                                     |  |              |                                     |  |  |
| 7. Exempt income of an eligible Native America   | 7. Exempt income of an eligible Native American |                                 |                                     |  |              |                                     |  |  |
| 8. Benefits received from U.S. Railroad Retirem  | nent Board                                      | (S5) 8 <u></u>                  |                                     |  |              |                                     |  |  |
| <b>9.</b> Licensed peace officer retirement benefits ex (Attachment required - see instructions)   |   | (AW) 9 <u> </u>                 |                                     |  |              |                                     |  |  |
| <b>10.</b> Military pay exclusion (Attach W-2)   |   | (AX) 10 <u></u>                 |                                     |  |              |                                     |  |  |
| <ol> <li>Nonresident only: Servicemembers Civil Rel<br/>(Attach copy of Form W-2 showing this comp</li> </ol>                              |   |                                 |                                     |  |              |                                     |  |  |
| 12. North Dakota College SAVE account deduction  | n   | (AA) 12 <u></u>                 |                                     |  |              |                                     |  |  |
| <b>13.</b> Qualified dividend exclusion  |   | (AO) 13 <u></u>                 |                                     |  |              |                                     |  |  |
| <b>14.</b> Military retirement benefit pay exclusion (Att  | ach 1099-R) <sub>-</sub> -                      | (AQ) 14                         |                                     |  |              |                                     |  |  |
| <b>15.</b> Social security benefit exclusion (See instruc  | tions)  | (AR) 15 <u> </u>                |                                     |  |              |                                     |  |  |
| <b>16.</b> Total other subtractions (Attach Schedule NL  | D <b>-</b> 1SA)                                 | (AB) 16                         |                                     |  |              |                                     |  |  |
| <b>17.</b> Total subtractions. Add lines 5 through 16 $_{-}$   |   |                                 |                                     |  | 17           |                                     |  |  |
| 18. North Dakota taxable income. Subtract li   |   |                                 |                                     |  |              |                                     |  |  |

If less than zero, enter 0 \_\_\_\_\_\_ (ND)18 \_\_

## **2023 Form ND-1** SFN 28702 (12-2023), Page 2



| 19.            | Enter your <b>North Dakota taxable</b>  | income from line 1  | .8 of page 1               |            |                   |           | 19 _    |                             |
|----------------|---|---|----------------------------|------------|-------------------|-----------|---------|-----------------------------|
| 20.            | Tax - If full-year resident, enter If full-year nonresident or part-y All filers: If you have farm income | (SB)  | ) 20 _                     |            |                   |           |         |                             |
|                | Other credits   |   |                            |            |                   |           |         |                             |
| 21.            | Credit for income tax paid to another in that state (Attach Schedule ND-1                                 |   |                            | ) 21       |                   |           |         |                             |
| 22.            | Marriage penalty credit for joint filer   | s (See worksheet in   | n instr.) (AC              | 3) 22      |                   |           |         |                             |
| 23.            | Total other credits (Attach Schedule  | ND-1TC)   | (AE                        | :) 23      |                   |           |         |                             |
| 24.            | Total credits. Add lines 21 through 2   | 23  |                            |            |                   | -         | 24 _    |                             |
| 25.            | Net tax liability. Subtract line 24   | from line 20. If les  | ss than zero               | , enter 0  |                   | (SE)      | 25 _    |                             |
|                | Tax paid  |   |                            |            |                   |           |         |                             |
| 26.            | North Dakota income tax withheld f payments (Attach Forms W-2 and 1                                       |   |                            | ·) 26      |                   |           |         |                             |
| 27.            | Estimated tax paid on 2023 Forms No plus an overpayment, if any, applied                                  | ID-1ES and ND-1EX<br>I from your 2022 re                          | (T<br>eturn <b>(S&amp;</b> | ) 27       |                   |           |         |                             |
| 28.            | Total payments. Add lines 26 and 2  | 7   |                            |            |                   | (AJ)      | ) 28 _  |                             |
|                | Refund  |   |                            |            |                   |           |         |                             |
| 29.            | <b>Overpayment -</b> If line 28 is MORE otherwise, go to line 33. <b>If less th</b>                       | than line 25, subtra<br>an <b>\$5.00, enter 0</b>                 | act line 25 fro            | m line 28; | ;<br>             | (SG)      | 29 _    |                             |
| 30.            | Amount of line 29 that you want ap  | plied to your 2024  | estimated tax              |            |                   | (SQ)      | 30 _    |                             |
| 31.            | Voluntary contribution(s): Veterans   | Postwar Trust Fund  | d <b>(AS)</b>              |            | E                 | nter      |         |                             |
|                | Watchable Wildlife Fund (SP)  | Trees For   | r ND Trust Fu              | nd (SW) _  |                   |           | 31 _    |                             |
| 32.            | <b>Refund.</b> Subtract lines 30 and 31   | rom line 29. <b>If les</b>  | ss than \$5.0              | 0, enter 0 | )                 | (SR)      | 32 _    |                             |
|                | To <b>direct deposit</b> your refund, complete items a, b, and c. (See instructions)                      | a. Type Of Account  O Checking  O Sa                              |                            | ng Number  |                   | c. Ac     | count N | Number                      |
| 33.            | Tax Due Tax due - If line 28 is LESS than lir If less than \$5.00, enter 0                                | ne 25, subtract line  | 28 from line               | 25.<br>    |                   | (SZ)      | ) 33 _  |                             |
| 34.            | Penalty (AK)  | Interest (AL)   |                            | E          | nter total        |           | 34 _    |                             |
| 35.            | Voluntary contribution(s): Veterans   | Postwar Trust Fund  | d <b>(AT)</b>              |            | •                 | Enter     |         |                             |
|                | Watchable Wildlife Fund (SU)  | Trees For   | ND Trust Fun               | d (SY) _   |                   | otal      | 35 _    |                             |
|                | <b>Balance due.</b> Add lines 33, 34, 35, Pay to: <b>ND State Tax Commissio</b>                           | ner   |                            |            |                   | -         | 36 _    |                             |
| 37.            | Interest on underpaid estimated tax   | from Schedule ND  | )-1UT ( <b>so</b>          | ) 37       |                   |           |         |                             |
|                |   | .099-G consent-I a<br>Disclosure authori<br>Discuss this return w | ization-I autl             | norize the | ND Office of Sta  | •         |         | _                           |
| I de           | clare that this return is correct and o   | complete to the bes   | t of my know               | ledge and  | belief. * Privacy | Act - S   | ee ins  | ide front cover of booklet. |
| Your Signature |   | Date  | Telephone Number           |            | This Spa          | ice Is Fo | r Tax D | epartment Use Only          |
| Spous          | se's Signature  | Date  | Telephone N                | lumber     |                   |           |         |                             |
| Paid F         | Preparer Signature  | PTIN  |                            | Date       |                   |           |         |                             |
| Print          | Name Of Paid Preparer Signature   |   | Telephone N                | umber      | IIT               |           |         |                             |

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