

INDIVIDUAL INCOME TAX RETURNOFFICE OF STATE TAX COMMISSIONER

SFN 28745 (12-2023)



2023

For Full-Year Residents With No Adjustments Or Credits

Name (First, MI, Last Name)					Deceased O	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	
Current Mailing Address				Number	For a complete return,			
City State			te ZIP	Code	you must attach a copy of your entire 2023 federal income tax return			
A. Filing status used on federal return: (Fill in only one)				B. School District Code: (See instructions)		_	D. Fill in if you obtained	
O 1. Single	Married filing jointly			C. Income Source Code: (See instructions)			an extension to file: (See instructions)	
3. Married filing separately							Extension O	
Tax Calculation 1. a. Federal adjusted gross	income from	Form 1040	or 1040-	SR. line 11.	. If zero, en	ter 0 (SX)	1a	
-				-	•		1b	
2. Tax - Enter tax on amount on Line 1b from Tax Table in instructions) 2	
Tax Paid								
3. North Dakota income tax withheld from wages and other payments. (Attach Form W-2, Form 1099, and/or North Dakota Schedule K-1) (SF) 3								
Refund								
4. Overpayment - If line 3 is M go to line 7. If less than \$5 .	ORE than line OO, enter 0	2, subtract	line 2 fro	m line 3; o	therwise,	(SG) 4	
5. Voluntary contribution(s): Ve	terans' Postw	ar Trust Fun	d (AS) _					
Watchable Wildlife Fund (SP) Trees For ND Trust Fund (SW)						Enter total	5	
6. Refund. Subtract line 5 from line 4. If less than \$5.00, enter 0						(SR) 6	
To direct deposit refund, complete items a, b, and c. (See instruct	' Ia. IVDE OLACCOUN ID. ROUND				nber c. Account Number			
Tax Due								
7. Tax due - If line 3 is LESS than line 2, subtract line 3 from line 2. If less than \$5.00, enter 0						(SZ) 7	
8. Voluntary contribution(s): Veterans' Postwar Trust Fund (AT)						Enter		
Watchable Wildlife Fund (SU) Trees For ND Trust Fund (SY)					SY)		8	
9. Balance due. Add lines 7 an	d 8. Pay to: l	ND Office o	f State T	ax Commi	ssioner _		9	
Fill in the circles that apply	y: O 1099-	G consent-	I agree to	obtain For	m 1099-G e	electronically a	t www.tax.nd.gov.	
(See page 10 of instructions)	•	sure autho this return					x Commissioner to	
I declare that this return is correct	and complet				nd belief. *	Privacy Act - Se	e inside front cover of booklet	
Your Signature		Date	Telephone	Number	-	This Space Is For	Tax Department Use Only	
Spouse's Signature Date		Date	Telephone	Number				
Paid Preparer Signature		Preparer Tax	ID Number	Date				
Print Name Of Paid Preparer Signature Te			Telephone	Number	IIT	-		