



Form

North Dakota Office of State Tax Commissioner

ND-1 Individual income tax return

2013 WEB

▶ If a fiscal year filer, enter fiscal year end: (See page 11) ____ / ____ / ____

Please type or print in black or blue ink.

Your name (First, MI, Last name)		Deceased <input type="radio"/>	Date of death	Your social security number
If joint return, spouse's name (First, MI, Last name)		Deceased <input type="radio"/>	Date of death	Spouse's social security number
Mailing address		▶ Fill in only if applicable: (See page 11)		
City		Apt No.	Amended return: General <input type="radio"/>	
State	ZIP code	Amended return: Federal NOL <input type="radio"/>		
A. Filing status used on federal return: (Fill in only one)		▶ MN/MT Reciprocity (See page 11) <input type="radio"/>		
<input type="radio"/> 1. Single <input type="radio"/> 2. Married filing jointly <input type="radio"/> 3. Married filing separately		State		
<input type="radio"/> 4. Head of household <input type="radio"/> 5. Qualifying widow(er) with dependent child		<input type="radio"/> Extension <input type="radio"/>		
B. School district code: (See page 19) ____ - ____		Attach a copy of your 2013 federal income tax return		
C. Income source code: (See page 11) ____				

D. Federal adjusted gross income from line 37 of Form 1040, line 21 of Form 1040A, or line 4 of Form 1040EZ _____ (SX) D _____

1. Federal taxable income from line 43 of Form 1040, line 27 of Form 1040A, or line 6 of Form 1040EZ (If zero, see page 12 of instructions) _____ (SS) 1 _____

Additions

- 2. Lump-sum distribution from Federal Form 4972 _____ (NA) 2 _____
- 3. Adjustment for loss from an S corporation that elected taxation under N.D.C.C. § 57-38-01.35 _____ (NB) 3 _____
- 4. a. Planned gift or endowment tax credit adjustment to income _____ (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 elected taxation under N.D.C.C. § 57-38-01.35 _____ (S6) 11 _____
- 12. National Guard/Reserve member federal active duty pay exclusion (Attach copy of Title 10 orders) _____ (NI) 12 _____
- 13. Nonresident only: Servicemembers Civil Relief Act adjustment (Attach copy of Form W-2 showing this compensation) _____ (NJ) 13 _____
- 14. College SAVE account deduction _____ (AA) 14 _____
- 15. Qualified dividend exclusion _____ (AO) 15 _____
- 16. Total other subtractions (Attach Schedule ND-1SA) _____ (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 _____



19. Enter your **North Dakota taxable income** from line 18 of page 1 ----- 19 _____

Tax calculation

20. **Tax** - If a **full-year resident**, enter amount from Tax Table on page 20 of instructions; however, if you have farm income or sold a research tax credit, see page 13 of instructions; **OR**
 If a **full-year nonresident** or **part-year resident**, enter amount from Schedule ND-1NR, line 21; however, if you sold a research tax credit, see page 13 of instructions ----- (SB) 20 _____

Credits

21. Credit for income tax paid to another state
 (Attach Schedule ND-1CR) ----- (SD) 21 _____

22. Marriage penalty credit for joint filers
 (From worksheet on page 14 of instructions) ----- (AC) 22 _____

23. Carryover of unused 2008 residential/agricultural
 property tax credit ----- (AM) 23 _____

24. Carryover of unused 2008 commercial property tax
 credit ----- (AN) 24 _____

25. Total other credits (Attach Schedule ND-1TC) ----- (AE) 25 _____

26. Total credits. Add lines 21 through 25 ----- 26 _____

27. **Net tax liability.** Subtract line 26 from line 20. **If less than zero, enter 0** ----- (SE) 27 _____

Tax paid

28. North Dakota withholding (Attach W-2s, 1099s, and/or N.D. K-1s) (SF) 28 _____

29. Estimated tax paid on 2013 Forms ND-1ES and ND-1EXT
 plus an overpayment, if any, applied from your 2012 return (S&) 29 _____

30. Total payments. Add lines 28 and 29 ----- (AJ) 30 _____

Refund

31. **Overpayment** - If line 30 is MORE than line 27, subtract line 27 from line 30;
 otherwise, go to line 35. **If less than \$5.00, enter 0** ----- (SG) 31 _____

32. Amount of line 31 that you want applied to your 2014 estimated tax ----- (SQ) 32 _____

33. Voluntary Watchable Trees For ND
 contribution to: Wildlife Fund (SP) _____ Program Trust Fund (SW) _____ **Enter total** --- 33 _____

34. **Refund.** Subtract lines 32 and 33 from line 31. **If less than \$5.00, enter 0** ----- (SR) 34 _____

To **direct deposit** your refund, complete items a, b, and c.
 (See page 15)

a. Routing number: _____

b. Account number: _____

c. Type of account: Checking Savings

Tax Due

35. **Tax due** - If line 30 is LESS than line 27, subtract line 30 from line 27.
If less than \$5.00, enter 0 ----- (SZ) 35 _____

36. Penalty (AK) _____ Interest (AL) _____ **Enter total** ----- 36 _____

37. Voluntary Watchable Trees For ND
 contribution to: Wildlife Fund (SU) _____ Program Trust Fund (SY) _____ **Enter total** --- 37 _____

38. **Balance due.** Add lines 35, 36, 37, and, if applicable, line 39.
 Pay to: **ND State Tax Commissioner** ----- 38 _____

39. Interest on underpaid estimated tax from Schedule ND-1UT --- (SO) 39 _____

► **For a complete return, you must attach a copy of your 2013 federal income tax return**

I declare that this return is correct and complete to the best of my knowledge and belief.			* Privacy Act - See inside front cover of booklet.	
Your signature	Date	Phone number (land line)	<input type="checkbox"/> I authorize the ND Office of State Tax Commissioner to discuss this return with the paid preparer.	
Spouse's signature	Date	Cell phone number	This Space Is For Tax Department Use Only	
Paid preparer signature	PTIN	Date		
Print name of paid preparer		Phone no.		
IIT				