

For 1998 CALENDAR YEAR, or fiscal year beginning _____, 1998, and ending _____, 19 _____

▼ IMPORTANT ▼

Your social security number
| | |

Spouse's social security number
| | |

You must enter your SSN(s) above. See instructions.

Federal estimated tax requirement? Yes No

Label Affix label here ▶	Your first name and initial _____	Last name _____
	If joint return, spouse's first name and initial _____	Last name _____
	Mailing address _____	Apt. no. _____
	City, town or post office, state and Zip Code _____	

Filing status - 1. Single 3. Married filing separate - Enter your spouse's name _____ 4. Head of household
 2. Married filing joint 5. Qualifying widow(er)

Filing category - 1. Resident Note: If you moved into or out of North Dakota during the year, see page 4 for instructions on which box to check. 2. Nonresident

Check either of these boxes *only if it applies to you*. See page 3 of instructions.
 Amended return Extension form attached

School district code - Enter number _____ from list on page 10 of instructions **Income source code** - Enter number _____ from list on page 4 of instructions

A. Federal adjusted gross income (from line 33, Form 1040 or line 18, Form 1040A or line 4, Form 1040EZ or line H, TeleFile Worksheet) (SX)			A	Form 37-S
B. Federal taxable income (from line 39, Form 1040 or line 24, Form 1040A or line 6, Form 1040EZ or line J, TeleFile Worksheet) (SS)			B	

1. Federal income tax liability — See instructions for amount to enter on this line. If lines 3, 4 and 5 do not apply, skip lines 2 through 8, and enter amount from line 1 on line 9 (SV)				1
2. Federal adjusted gross income (from line A above) (SH)				2
3. Residents only: Interest from U.S. obligations (SN)				3
4. Nonresidents only: Income (loss) not reportable to N.D. (Attach Schedule NR) (SA)				4
5. Other (See instructions) (Identify) (ST)				5
6. Total (Add lines 3, 4, and 5)				6
7. North Dakota adjusted gross income (Line 2 less line 6) (SC)				7
8. North Dakota income ratio (Divide line 7 by line 2. Round to two decimal places. If line 7 is equal to line 2, enter 1.00) (SD)				8
9. Adjusted federal income tax liability (Multiply line 1 by line 8) (SI)				9
10. North Dakota income tax [Multiply line 9 by .14 (14%)] (SB)				10
11. Credit from: Schedule 4 ▶ (SD) [] []; Schedule FC ▶ (S2) [] [] (Enter total)				11
12. Net Tax Liability (Line 10 less line 11. If less than zero, enter -0-) ▶ (CF) (SE)				12
13. North Dakota income tax withheld (Attach supporting W-2s and 1099s) (SF)				13
14. 1998 estimated tax payments and amount applied from 1997 return (S&)				14
15. Total payments (Line 13 plus line 14)				15
16. Overpayment (If line 15 is greater than line 12, subtract line 12 from line 15 and enter result. Otherwise, go to line 21) (If less than \$5, enter -0-) (SG)				16
17. Amount of line 16 you wish to apply to 1999 estimated tax (SQ)				17
18. Amount of line 16 you wish to contribute to Nongame Wildlife Fund (SP)				18
19. Amount of line 16 you wish to contribute to Centennial Tree Trust Fund (SW)				19
20. Refund (Line 16 less lines 17, 18, and 19) (If less than \$5, enter -0-) (SR)				20
21. Tax Due (If line 15 is less than line 12, subtract line 15 from line 12 and enter result) (If less than \$5, enter -0-) (SZ)				21
22. Voluntary contribution to Nongame Wildlife Fund (Not allowed if line 21 is -0-) (SU)				22
23. Voluntary contribution to Centennial Tree Trust Fund (Not allowed if line 21 is -0-) (SY)				23
24. Balance Due (Line 21 plus lines 22, 23 and, if applicable, 25) Pay to State tax commissioner				24
25. Interest on underpaid estimated tax, if any (from line 17, Form 400-UT) (SO)				25

Attach a complete copy of your 1998 federal income tax return

I declare under the penalties of North Dakota Century Code § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return. **For Privacy Act Information, see inside front cover of instruction booklet.**

Your signature	Date	Your daytime phone no. ▶ (PH)	<input type="checkbox"/> OPR	Please Do Not Write In This Space
Spouse's signature (if joint return)	Date	Area code ()		
Paid preparer's signature		Date		

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