Form North Dakota Office of State Tax Commissioner

ND-1 Individual income tax return 2005

Please type or print in black or blue ink. See page 16 of instructions for the proper way to fill out this form.

Your Social Security Number: 400007700

Spouse's Social Security Number:

Fill in if this is a COMPOSITE RETURN ○ (CF)

Your name (First, MI, Last name): Test N Ertia

If joint return, spouse's name (First, MI, Last name):

Mailing address: 215 Laid Back Way

City: Bismarck | State: ND | Zip code: 58501

▶ If fiscal year filer, enter fiscal year end: *(See page 9)* MM/DD/YYYY

▶ Fill in only if applicable: *(See page 9)* ○ Amended ○ Extension

A. Filing status used on federal return: *(Fill in only one)*
⊗ 1. Single
○ 2. Married filing jointly
○ 3. Married filing separately - *enter spouse's name* ▶
○ 4. Head of household
○ 5. Qualifying widow(er) with dependent child

▶ Were you required to pay estimated federal income tax for 2005? *(See page 9)* ○ Yes ⊗ No

B. School district code: *(See page 17)* 08 - 001

C. Income source code: *(See page 9)* 02

US Dollars

D. Federal adjusted gross income from line 37 of Form 1040, line 21 of Form 1040A, or line 4 of Form 1040EZ (SX) D 2,420.00

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 9 of instructions)* (SS) 1 20.00

Additions

2. Lump-sum distribution from Federal Form 4972 (NA) 2

3. Loss from pass-through entity subject to North Dakota's financial institution tax *(Attach statement from entity)* (NB) 3

4. Adjustment to federal taxable income, if claiming planned gift credit *(From Schedule PG, line 13)* (NK) 4

5. Add lines 1, 2, 3, and 4 5 20.00

Subtractions

6. Interest from U.S. obligations *(Attach supporting statement)* (SN) 6

7. Net long-term capital gain exclusion *(From worksheet on page 10 of instructions)* (NC) 7

8. Exempt income of a Native American (S4) 8

9. Benefits received from U.S. Railroad Retirement Board *(Attach copy of Form RRB-1099, RRB-1099-R, or both)* (S5) 9

10. Income from pass-through entity subject to North Dakota's financial institution tax *(Attach statement from entity)* (S6) 10

11. Renaissance zone income exemption *(Attach Schedule RZ)* (S7) 11

12. New or expanding business income exemption under N.D.C.C. ch. 40-57.1 *(Attach supporting statement)* (NH) 12

13. National Guard/Reserve member federal active duty pay exclusion *(Attach copy of mobilization orders)* (NI) 13

14. Nonresident only: Servicemembers Civil Relief Act adjustment *(See page 11 of instructions)* (NJ) 14

15. Human organ donor expense deduction *(Attach supporting statement)* (NL) 15

16. North Dakota taxable income. Subtract lines 6 through 15 from line 5. ***If less than zero, enter 0*** (ND) 16 20.00

17. Tax. Enter the tax as explained below: (SB) 17 0.00

▶ If **full-year resident**, enter amount from Tax Table on page 18 of instructions. If you have farm income, see page 12 of instructions.

▶ If **full-year nonresident** or **part-year resident**, enter amount from Schedule ND-1NR, line 20.

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US Dollars

18. Enter your **tax** from line 17 of page 1 — 18 0.00

Credits

19. Credit for income tax paid to another state *(Attach Schedule CR)* — (SD) 19

20. Family member care credit *(Attach Schedule FC)* — (S2) 20

21. Renaissance zone credit *(Attach Schedule RZ)* — (S3) 21

22. Ag commodity investment credit *(from worksheet on page 11 of instructions) (Attach copy of investment reporting form)* — (NE) 22

23. Seed capital investment credit *(from worksheet on page 12 of instructions) (Attach copy of investment reporting form)* — (NG) 23

24. Credit for planned gift to qualified North Dakota nonprofit organization. *(From Schedule PG, line 7)* — (NM) 24

25. Credit for biodiesel fuel supplier *(Attach supporting statement)* — (NN) 25

26. Credit for biodiesel fuel seller *(Attach supporting statement)* — (NO) 26

27. Net tax liability. Subtract lines 19 through 26 from line 18. ***If less than zero, enter 0*** — (SE) 27

Withholding and/or tax already paid

28. North Dakota withholding *(Attach supporting W-2s and 1099s)* — (SF) 28 215.00

29. Estimated tax paid, including extension payment on Form 400-EXT and overpayment applied from 2004 return — (S&) 29

30. Total payments. Add lines 28 and 29 — 30 215.00

Refund

31. Overpayment - If line 30 is MORE than line 27, subtract line 27 from line 30 and enter result; otherwise, go to line 36. ***If result is less than $5.00, enter 0*** — (SG) 31 215.00

32. Amount of line 31 that you want applied to your 2006 estimated tax — (SQ) 32 100.00

33. Amount of line 31 that you wish to contribute to the Watchable Wildlife Fund — (SP) 33 50.00

34. Amount of line 31 that you wish to contribute to the Trees For ND Program Trust Fund — (SW) 34 50.00

35. Refund. Subtract lines 32 through 34 from line 31. ***If result is less than $5.00, enter 0*** — (SR) 35 15.00

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

36. Tax due - If line 30 is LESS than line 27, subtract line 30 from line 27 and enter result. ***If result is less than $5.00, enter 0*** — (SZ) 36

37. Amount that you wish to contribute to the Watchable Wildlife Fund *(but only if there is a tax due on line 36)* — (SU) 37

38. Amount that you wish to contribute to the Trees For ND Program Trust Fund *(but only if there is a tax due on line 36)* — (SY) 38

39. Balance due. Add lines 36, 37, 38, and, if applicable, line 40. Pay to: **ND State Tax Commissioner** — 39

40. Interest on underpaid estimated tax from Form 400-UT — (SO) 40

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. **Privacy Act** - see inside front cover of booklet.

Your signature	Date	Your daytime phone number
Spouse's signature		Date
Signature of paid preparer	EIN/SSN/PTIN	Date

OPR ○

Tax Department use only

▶ **Attach a copy of your 2005 federal income tax return**
▶ **Do not file a photocopy of this specially-colored return**
▶ **Mail to: Office of State Tax Commissioner, 600 E. Boulevard Ave., Dept. 127, Bismarck, ND 58505-0550**