FORM 40-QR - APPLICATION FOR QUICK REFUND OF
OVERPAYMENT OF ESTIMATED INCOME TAX FOR
CORPORATIONS
NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER
28755 (5-2015)

Name
Address
City

Federal Identification Number
Telephone Number

Federal Identification Number
Address
City

1. Estimated tax payments for the year (with Form 40-ES) ................................................................. 1
2. Overpayment from prior year allowed as a credit ................................................................. 2
3. Total (Add lines 1 and 2) ........................................................................................................... 3
4. Expected income tax liability for the year ............................................................................ 4
5. Overpayment of estimated tax (Subtract line 4 from line 3) ..................................................... 5

Instructions
Any corporation that overpaid its estimated income tax for a taxable year beginning after July 1, 1987 may apply for a quick refund if the overpayment exceeds five hundred dollars ($500). The overpayment is the excess of estimated tax paid during the taxable year (including overpayment credits from the prior taxable year) over the income tax liability the corporation expects to have when this application is filed.

This application must be filed after the close of the taxable year and before the fifteenth day of the fourth month thereafter (the original due date of the tax return). No interest may accrue or be paid on this refund.

If a quick refund of estimated income tax results in a corporation's failure to meet the requirements of North Dakota Century Code (N.D.C.C.) §57-38-62, interest provisions will apply. The tax commissioner will assess any interest owed by the taxpayer.

Please submit a copy of this form to the Office of State Tax Commissioner, 600 E. Boulevard Ave., Dept. 127, Bismarck ND 58505-0599. A copy of this form will accompany the refund when it is issued.

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 claim for refund, 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 claim for refund.

Signature of Individual Preparing This Claim for Refund
Date
Title

For Tax Department Use Only
Dept
Message Code
Transaction Code
Fund to charge for tax refund
Reviewed by
Date
Period Covered by Refund

Accounting Department
Amount Paid
Warrant Number
Date

Department Approval
Ryan Rauschenberger
By
Date

PRIVACY ACT NOTIFICATION
In compliance with the Privacy Act of 1974, disclosure of a social security number or Federal Employer Identification Number (FEIN) on this form is required under N.D.C.C. §§ 57-01-15, 57-43.1-04, and 57-43.1-06.1 and will be used for tax reporting, identification, and administration of North Dakota tax laws. Disclosure is mandatory. Failure to provide the social security number or FEIN may delay or prevent the processing of this form.