



FORM ND-1 INDIVIDUAL INCOME TAX RETURN

NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER
SFN 28702 (12-2019)

2019

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

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
Current Mailing Address		▶ Fill in only if applicable: (See page 11) Amended return: General <input type="radio"/> Amended return: Federal NOL <input type="radio"/> Extension <input type="radio"/>		
City		State	ZIP Code	Apt No.
A. Filing status used <input type="radio"/> 1. Single <input type="radio"/> 2. Married filing jointly <input type="radio"/> 3. Married filing separately <i>(Fill in only one)</i>		<input type="radio"/> 4. Head of household <input type="radio"/> 5. Qualifying widow(er) with dependent child		▶ MN/MT Reciprocity (See page 11) <input type="radio"/>
B. School district code: (See page 19) ____ - ____		C. Income source code: (See page 11) ____		State _____ ● Attach a copy of your entire 2019 federal income tax return ● Attach W-2s, 1099s, and ND Sch. K-1s showing ND income tax withholding

- 1. a. Federal adjusted gross income** from Form 1040 or 1040-SR, line 8b.
If zero, enter zero ----- (SX) 1a _____
- b. Federal taxable income** from Form 1040 or 1040-SR, line 11b.
If zero, see instructions ----- (SS) 1b _____

Additions

- 2.** Lump-sum distribution from Federal Form 4972 ----- (NA) 2 _____
- 3.** Loss from S corporation taxed as C corporation ----- (NB) 3 _____
- 4.** Planned gift or endowment tax credit adjustment to income ----- (NK) 4 _____
- 5. a.** Total additions. Add lines 2 through 4 ----- 5a _____
- b.** Add lines 1b and 5a ----- 5b _____

Subtractions

- 6.** Interest from U.S. obligations ----- (SN) 6 _____
- 7.** Net long-term capital gain exclusion
(From worksheet in instructions) ----- (NC) 7 _____
- 8.** Exempt income of an eligible Native American ----- (S4) 8 _____
- 9.** Benefits received from U.S. Railroad Retirement Board ----- (S5) 9 _____
- 10.** Income from S corporation taxed as C corporation ----- (S6) 10 _____
- 11.** Nonresident only: Servicemembers Civil Relief Act adjustment
(Attach copy of Form W-2 showing this compensation) ----- (NJ) 11 _____
- 12.** College SAVE account deduction ----- (AA) 12 _____
- 13.** Qualified dividend exclusion ----- (AO) 13 _____
- 14.** Military retirement pay exclusion ----- (AQ) 14 _____
- 15.** Social security benefit exclusion ----- (AR) 15 _____
- 16.** Total other subtractions (Attach Schedule ND-1SA) ----- (AB) 16 _____
- 17.** Total subtractions. Add lines 6 through 16 ----- 17 _____
- 18. North Dakota taxable income.** Subtract line 17 from line 5b.
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 14 of instructions; **OR** If a **full-year nonresident** or **part-year resident**, enter amount from Schedule ND-1NR, line 23; however, if you sold a research tax credit, see page 14 of instructions ----- **(SB) 20** _____

Credits

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

22. Marriage penalty credit for joint filers (See page 14 of instr.) ----- **(AC) 22** _____

23. Total other credits (Attach Schedule ND-1TC)----- **(AE) 23** _____

24. Total credits. Add lines 21 through 23 ----- **24** _____

25. **Net tax liability.** Subtract line 24 from line 20. **If less than zero, enter 0** ----- **(SE) 25** _____

Tax paid

26. North Dakota income tax withheld from wages and other payments (Attach Forms W-2 and 1099, and ND Sch. K-1) ----- **(SF) 26** _____

27. Estimated tax paid on 2019 Forms ND-1ES and ND-1EXT plus an overpayment, if any, applied from your 2018 return ----- **(S&) 27** _____

28. Total payments. Add lines 26 and 27 ----- **(AJ) 28** _____

Refund

29. **Overpayment** - If line 28 is MORE than line 25, subtract line 25 from line 28; otherwise, go to line 33. **If less than \$5.00, enter 0** ----- **(SG) 29** _____

30. Amount of line 29 that you want applied to your 2020 estimated tax ----- **(SQ) 30** _____

31. Voluntary contribution(s): Veterans' Postwar Trust Fund **(AS)** _____ **Enter total** _____

Watchable Wildlife Fund **(SP)** _____ Trees For ND Trust Fund **(SW)** _____ **total** **31** _____

32. **Refund.** Subtract lines 30 and 31 from line 29. **If less than \$5.00, enter 0** ----- **(SR) 32** _____

To **direct deposit** your refund, complete the following items.
(See page 15)

Type Of Account <input type="radio"/> Checking <input type="radio"/> Savings	Routing Number	Account Number
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Tax Due

33. **Tax due** - If line 28 is LESS than line 25, subtract line 28 from line 25. **If less than \$5.00, enter 0** ----- **(SZ) 33** _____

34. Penalty **(AK)** _____ Interest **(AL)** _____ **Enter total** ----- **34** _____

35. Voluntary contribution(s): Veterans' Postwar Trust Fund **(AT)** _____ **Enter total** _____

Watchable Wildlife Fund **(SU)** _____ Trees For ND Trust Fund **(SY)** _____ **total** **35** _____

36. **Balance due.** Add lines 33, 34, 35, and, if applicable, line 37. Pay to: **ND State Tax Commissioner** ----- **36** _____

37. Interest on underpaid estimated tax from Schedule ND-1UT ----- **(SO) 37** _____

Fill in the circles that apply: **1099-G consent**-I agree to obtain Form 1099-G electronically at www.nd.gov/tax.
(See page 16 of instructions) **Disclosure authorization**-I authorize the ND Office of State Tax Commissioner to discuss this return with the paid preparer identified below.

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	Telephone Number	This Space Is For Tax Department Use Only
Spouse's Signature	Date	Telephone Number	
Paid Preparer Signature	PTIN	Date	
Print Name Of Paid Preparer Signature		Telephone Number	

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