



# ND-1 Individual income tax return

# 2013

If a fiscal year filer, enter fiscal year end (See page 11) \_\_\_\_\_

Please type or print in black or blue ink.

Your first name	MI	Last name	Deceased	Date of death	Your social security number
If joint return, spouse's first name	MI	Last name	Deceased	Date of death	Spouse's social security number

Mailing address	Apt No.	Fill in only if applicable (See page 11) Amended return: General (Not Supported) Amended return: Federal NOL (Not supported) Extension
City	State ZIP code	

A. Filing status used on federal return: (Fill in only one)	1. Single	4. Head of household	MN/MT Reciprocity (Not Supported) (See page 11)	State (Not Supported)
	2. Married filing jointly	5. Qualifying widow(er) with dependent child	<b>Attach a copy of your 2013 federal income tax return</b>	
	<input type="radio"/> 3. Married filing separately			
B. School district code: (See page 19)	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 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) (Not Supported) ----- (NP) 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 **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;  
 If **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 19. **If less than zero, enter 0** ----- (SE) 27 \_\_\_\_\_

**Tax paid**

28. North Dakota withholding (Attach W-2s, 1099s, and/or N.D. K1s) (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 32. **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)	I authorize the ND Office of State Tax Commissioner to discuss this return with the paid preparer.
Spouse's signature	Date	Cell phone number	
Paid preparer signature		PTIN	Date
		Phone no.	<b>This Space Is For Tax Department Use Only</b>

