

**FIDUCIARY INCOME TAX RETURN**OFFICE OF STATE TAX COMMISSIONER SFN 28707 (12-2023)



Form 38 2023

| A 1   |   | Fiscal year beginning _  |  |  |  |  |
|---|---|--|--|--|--|--|
| B Name Of Estate Or Trust  Name And Title Of Fiduciary      |   |  |  | C Federal EIN *  |  |  |
|   |   |  |  | D Date Created:  |  |  |
| М   | Nailing Address   |  | Apartment or Suit  | E TOTAL no. of beneficiaries ▶   |  |  |
| City State  |   |  | ZIP Code   | Enter number of —  Resident individual beneficiaries  Number of —                                    |  |  |
| F   | Residency status: O Residen   | t O Nonresident  |  | Nonresident individual beneficiaries ► Other types of beneficiaries ►                                |  |  |
| _   |   | <ul><li>Qualified disability true</li><li>5 ESBT (S portion only)</li><li>Grantor type trust</li></ul> |  | ey estate (Ch. 7) O 10 Other (Identify below): ey estate (Ch. 11) come fund                          |  |  |
| ΗF  | ill in all that apply: O Initial  | return O Final return  | O Composite return   | O Amended return O Extension   |  |  |
| 3.<br>4.<br>5.<br>6.<br>7.<br>8.<br>9.<br>11.<br>12.<br>13. | Net tax liability on fiduciary's tax Income tax withheld from nonre Composite income tax for electing Total taxes due. Add lines 4, 5, Tax Paid  North Dakota income tax withheor trust (Attach Form W-2, Form Estimated tax paid on 2023 Form if any, applied from the 2022 result of Total payments. Add lines 8 and Overpayment. If line 10 is MO otherwise, go to line 14. If result Amount of line 11 to be applied Refund. Subtract line 12 from I Tax due. If line 10 is LESS than | xable income. Line 1 less line sident beneficiaries (from 5 and 6                                      | ayments taxable to ta Schedule K-1) an overpayment, 7 from line 10 and 0 \$5.00, enter 0 | 3  |  |  |
|   | Penalty ▶   |  |  | otal penalty and interest 15   |  |  |
|   |   |  |  | BALANCE DUE 16   |  |  |
| 17.   |   |  |  | <b>&gt;</b> 17   |  |  |
|   | Attach copy of 2023   | Form 1041 (including So  | chedule K-1s) and  | copy of North Dakota Schedule K-1s   |  |  |
|   | clare that this return is correct and cor<br>ature Of Fiduciary   | mplete to the best of my knowle  | dge and belief.  Date  | *Privacy Act Notice - See inside front cover of bo  I authorize the ND Office of State Tax Commissio |  |  |
|   | t Name Of Fiduciary   | Īτ»  | elephone Number  | to discuss this return with the paid preparer.   |  |  |
|   |   | , i e  |  | Department<br>Use Only   |  |  |
| Paid  | Preparer Signature  |  | Date   |  |  |  |
| Print   | t Name Of Paid Preparer   | PTIN Te  | elephone Number  | FID  |  |  |



| nter Name Of Estate Or Trust                                    |   | Federal Employer Identification Number                               |  |  |
|---|---|--|--|--|
| ax Computation Sc<br>art 1 - Calculation of                     | hedule: Tax on fiduciary's taxable  | income   |  |  |
|   | e from Form 1041, page 1, line 23, or Form 1041-QF  | FT line 11 <b>1</b>  |  |  |
|   | ns) (Attach statement)  |  |  |  |
| ·   |   |  |  |  |
|   |   |  |  |  |
|   | igations  | · · · · · · · · · · · · · · · · · · ·                                |  |  |
| <b>b.</b> Net long-term capital                                 | gain exclusion (from worksheet in instructions)   | <b>b</b> 4b  |  |  |
| <b>c.</b> Qualified dividend exc                                | lusion  | <b>\Delta dc</b>   |  |  |
| <b>d.</b> Other subtractions (S                                 | ee instructions) (Attach statement)   | ▶ 4d   |  |  |
| e. Total subtractions. Ad                                       | d lines 4a through 4d   | 4e   |  |  |
| 5. North Dakota taxable inco                                    | ome of fiduciary. Subtract line 4e from line 3  | <b>5</b>   |  |  |
| <b>5.</b> Tax on amount on line 5                               | using the 2023 Tax Rate Schedule  | <b>6</b>   |  |  |
|   | or trust, enter amount from line 6 on line 8. Do not c<br>te or trust, complete lines 7a, 7b, and 7c.         | complete lines 7a, 7b, and 7c.                                       |  |  |
| <b>7. a.</b> Fiduciary's income fro from Part 1, line 4a $_{-}$ | ▶ 7a  |  |  |  |
| <b>b.</b> Income (loss) reporta                                 | ble to North Dakota from Part 2, line 11, Column B  | <b>&gt;</b> 7b   |  |  |
|   | 7a. Round to the nearest four decimal places.<br>n line 7a, enter 1   | 7c   |  |  |
| 3. Tax on fiduciary's North E<br>If nonresident estate or t     | Dakota taxable income: If resident estate or trust, er rust, multiply line 6 by line 7c. Enter this amount on | nter amount from line 6. page 1, line $1_{}$ $\blacktriangleright$ 8 |  |  |
| 2023<br>Tax Rate<br>Schedule                                    | Estates and Trusts   The tax is:  |  |  |  |

| •   | Nonresident estate or trust: Complete Columns A, B, and C. See instructions for how to complete Columns B and C. |        |                                   | Nonresident estates or trusts only |                       |  |
|-----|--|--------|-----------------------------------|------------------------------------|-----------------------|--|
|     |  |        | Column A<br><b>Federal return</b> | Column B<br>North Dakota           | Column C Other States |  |
| 1.  | Interest income  | . 1_   |                                   |                                    |                       |  |
| 2.  | Ordinary dividends   | . 2_   |                                   |                                    |                       |  |
| 3.  | Business income or (loss)  | 3 _    |                                   |                                    |                       |  |
| 4.  | Capital gain or (loss)   | 4 _    |                                   |                                    |                       |  |
| 5.  | Rents, royalties, partnerships, other estates and trusts, etc.   | 5_     |                                   |                                    |                       |  |
| 6.  | Farm income or (loss)  | 6 _    |                                   |                                    |                       |  |
| 7.  | Ordinary gain or (loss)  | 7_     |                                   |                                    |                       |  |
| 8.  | Other income   | 8 _    |                                   |                                    |                       |  |
| 9.  | Total income. Add lines 1 through 8  | . 9_   |                                   |                                    |                       |  |
| 10. | Portion of amount on line 9 distributed to beneficiaries   | 10 _   |                                   |                                    |                       |  |
| 11. | Fiduciary's income. Subtract line 10 from line 9   | . 11 _ |                                   |                                    |                       |  |

# **2023 Form 38** SFN 28707 (12-2023), Page 3



| Enter Name Of Estate Or Trust | Federal Employer Identification Number |
|-------------------------------|--|
|                               |  |

# Schedule BI Beneficiary information

**All estates and trusts must complete this schedule.** Complete Columns 1 through 4 for all beneficiaries. Complete Column 5 for a nonresident beneficiary. If applicable, complete Column 6 or Column 7 for a nonresident beneficiary. See instructions for the definition of a "nonresident beneficiary," which includes entities other than individuals.

|  | All Beneficiaries                     |   |  |   |  |   |
|--|---------------------------------------|---|--|---|--|---|
|  | Column 1                              |   |  |   | Column 2   | Column 3  |
| Bene-<br>ficiary   | Name and addre                        | ss of beneficiary   | Social Security<br>Number/FEIN                         | Type of entity (See instructions)                 |  |   |
|  | Name                                  |   |  |   |  |   |
| A  | Address                               |   | State  | Zip Code  |  |   |
| В  | Name                                  |   | •  |   |  |   |
| В  | Address                               |   | State  | Zip Code  |  |   |
|  | Name                                  |   | <u> </u>   | '   |  |   |
| С  | Address                               |   | Zip Code   |   |  |   |
|  | Name                                  |   | •  |   |  |   |
| D  | Address                               |   | State  | Zip Code  |  |   |
|  |                                       | All Beneficiaries<br>Complete Column 4 for<br>ALL beneficiaries | Important: Columns 5                                   | through 7 are for a                               | eficiaries Only<br>a NONRESIDENT BENEFICIARY only.<br>s to include in Columns 5, 6, and 7. |   |
|  |                                       | Column 4  | Column 5   | Col   | umn 6  | Column 7  |
| Beneficiary  |                                       | Federal distributive share of income (loss)                     | North Dakota<br>distributive share of<br>income (loss) | North Dakota<br>income tax<br>withheld<br>(2.50%) | Form PWA or<br>Form PWE<br>(Attach copy)   | North Dakota<br>composite income<br>tax (2.50%) |
|  | A                                     |   |  |   | 0  |   |
|  | В                                     |   |  |   | 0  |   |
|  | С                                     |   |  |   | 0  |   |
| D  |                                       |   |  |   | 0  |   |
| 1. Total for Column 4 1 NA   |                                       |   |  |   |  |   |
| 2. Total   | for <b>Column 5</b>                   |   |  |   | NA NA  | NA  |
| 3. Total   | for <b>Column 6.</b> Ente             | er this amount on Form 38,                                      | page 1, line 5   | 3   |  |   |
| 4. Total for Column 7. Enter this amount on Form 38, page 1, line 6 4  |                                       |   |  |   |  |   |
| Schedu   | ıle CR Cr                             | edit for income ta  | x paid to anothe                                       | er state or lo                                    | cal jurisdic   | tion  |
| ► Enter the name of the other state in which income tax was paid to the state and/or local jurisdiction ►  |                                       |   |  |   |  |   |
| 1. Fiduciary's share of total income from page 2, Tax Computation Schedule, Part 2, line 11, Column A  |                                       |   |  |   |  |   |
| 2. Portion of amount on line 1 that has its source in the other state (See instructions)   |                                       |   |  |   |  |   |
| 3. Credit ratio. Divide line 2 by line 1 and round to the nearest four decimal places 3  |                                       |   |  |   |  |   |
| 4. Tax on fiduciary's North Dakota taxable income from page 1, line 1 4  |                                       |   |  |   |  |   |
| <b>5.</b> Multip   | 5. Multiply line 3 by line 4 <b>5</b> |   |  |   |  |   |
| <b>6.</b> Amount of income tax paid to the other state and its local jurisdictions (See instructions) <b>6</b>                                   |                                       |   |  |   |  |   |
| 7. Credit for income tax paid to another state and/or local jurisdiction. Enter lesser of line 5 or line 6.  Enter this amount on page 1, line 2 |                                       |   |  |   |  |   |

#### FIDUCIARY RETURN PAYMENT VOUCHER

OFFICE OF STATE TAX COMMISSIONER SFN 28749 (12-2023)

Form 38-PV 2023

### What is Form 38-PV?

Use this form if submitting a paper check or money order to pay a tax balance due on a 2023 Form 38. Do not use this form if paying electronically—see "How to make payment" for payment options.

Do not use Form 38-PV to make an extension payment. Extension payments should be made using the extension payment voucher, Form 38-EXT.

When is the payment due?

The payment must be made on or before the 15th day of the 4th month following the end of the tax year to avoid any late payment penalty or interest.

How to make payment

Make check or money order payable to "ND State Tax Commissioner" and write last four digits of federal employer identification number (FEIN) and "2022 38-PV" on it. Complete the payment voucher, detach it from this page, and enclose it with payment and return. If Form 38 has already been filed, mail payment and voucher to:

Office of State Tax Commissioner 600 E. Boulevard Ave., Dept. 127 Bismarck, ND 58505-0599

Only a check drawn on a U.S. or Canadian bank in U.S. dollars and using a standard 9-digit routing number is accepted.

**Electronic payment options.** Instead of paying by check or money order with this payment voucher, the payment may be made electronically with an electronic check, a debit or credit card, or an Automated Clearing House (ACH) credit transaction.

To pay electronically, or for more information, go to www.tax.nd.gov and select "Make A Payment."

If paying electronically, do not use this payment voucher.

## Need help?

Phone: 701-328-1258

Speech or hearing impaired—800-366-6888

Email: individualtax@nd.gov

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 and 57-38-31, 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.

lacktriangle Detach here and mail with payment lacktriangle

# FORM 38-PV FIDUCIARY RETURN PAYMENT VOUCHER

North Dakota Office of State Tax Commissioner SFN 28749 (12-2023)

Do not use this voucher if paying electronically

Name Of Estate Or Trust As It Will Appear On Form 38 Name Of Fiduciary Mailing Address City, State, ZIP Code

| Federal Employer Identification Number ▶ |  |
|--|--|
| Tax Year Beginning<br>(mm/dd/yyyy) ▶     |  |
| Tax Year Ending<br>(mm/dd/yyyy) ▶        |  |
| Payment Amount >\$                       |  |

• Mail payment and voucher to: Office of State Tax Commissioner 600 E. Boulevard Ave., Dept. 127

Bismarck, ND 58505-0599

 Make payable to: ND State Tax Commissioner

Write "2023 38-PV" on check

FID

