



**INDIVIDUAL INCOME TAX RETURN**  
OFFICE OF STATE TAX COMMISSIONER  
SFN 28745 (12-2022)



**Form ND-EZ**  
**2022**

**For Full-Year Residents With No Adjustments Or Credits**

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		<p align="center"><b>For a complete return, you must attach a copy of your entire 2022 federal income tax return</b></p>		
City	State			
<b>A. Filing status used on federal return: (Fill in only one)</b> <input type="radio"/> 1. Single <input type="radio"/> 4. Head of household <input type="radio"/> 2. Married filing jointly <input type="radio"/> 5. Qualifying surviving spouse <input type="radio"/> 3. Married filing separately		<b>B. School District Code:</b> (See instructions)     ___ ___		<b>D. Fill in if you obtained an extension to file:</b> (See instructions) Extension <input type="radio"/>
		<b>C. Income Source Code:</b> (See instructions)     ___		

**Tax Calculation**

1. **a. Federal adjusted gross income** from Form 1040 or 1040-SR, line 11. If zero, enter 0-- (SX) 1a \_\_\_\_\_
- b. Federal taxable income** from Form 1040 or 1040-SR, line 15. If zero, enter 0----- (ND) 1b \_\_\_\_\_
2. **Tax - If line 1b is more than zero, see instructions.** If line 1b is zero, enter zero----- (SB) 2 \_\_\_\_\_

**Tax Paid**

3. North Dakota income tax withheld from wages and other payments. (**Attach Form W-2, Form 1099, and North Dakota Schedule K-1**)----- (SF) 3 \_\_\_\_\_

**Refund**

4. **Overpayment** - If line 3 is MORE than line 2, subtract line 2 from line 3; otherwise, go to line 7. **If less than \$5.00, enter 0**----- (SG) 4 \_\_\_\_\_
5. Voluntary contribution(s): Veterans' Postwar Trust Fund (AS) \_\_\_\_\_
- Watchable Wildlife Fund (SP) \_\_\_\_\_ Trees For ND Trust Fund (SW) \_\_\_\_\_ **Enter total** 5 \_\_\_\_\_
6. **Refund.** Subtract line 5 from line 4. **If less than \$5.00, enter 0**----- (SR) 6 \_\_\_\_\_

To direct deposit refund, complete items a, b, and c. (See instructions)	a. Type Of Account	b. Routing Number	c. Account Number
	<input type="radio"/> Checking <input type="radio"/> Savings		

**Tax Due**

7. **Tax due** - If line 3 is LESS than line 2, subtract line 3 from line 2. **If less than \$5.00, enter 0**----- (SZ) 7 \_\_\_\_\_
8. Voluntary contribution(s): Veterans' Postwar Trust Fund (AT) \_\_\_\_\_
- Watchable Wildlife Fund (SU) \_\_\_\_\_ Trees For ND Trust Fund (SY) \_\_\_\_\_ **Enter total** 8 \_\_\_\_\_
9. **Balance due.** Add lines 7 and 8. **Pay to: ND State Tax Commissioner**----- 9 \_\_\_\_\_

**Fill in the circles that apply:**  **1099-G consent**-I agree to obtain Form 1099-G electronically at [www.tax.nd.gov](http://www.tax.nd.gov).  
(See page 10 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	<b>This Space Is For Tax Department Use Only</b>
Spouse's Signature	Date	Telephone Number	
Paid Preparer Signature	Preparer Tax ID Number	Date	
Print Name Of Paid Preparer Signature		Telephone Number	

**IIT**

► Mail to: Office of State Tax Commissioner,  
PO Box 5621, Bismarck, ND 58506-5621