visit our website at www.tax.nd.gov.





Calendar Year or Fiscal Year Beginning MM/DD/YYYY and ending MM/DD/YYYY Name Federal Employer Identification Number* (Rev. 2016)					
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx					
Mailing address	e the original Form 40 was filed	under			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX X	XXXXXXXXXXXXXX	XXXXXXXXXX		
	_	on for Changes:			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999-9999 X RAR Other				
	A	В	С		
Income and Deductions	As originally report or as adjusted	ed Net change increased or (decrease	Correct amount		
1 Income	1999999999				
Fill in the circle for the original tax return filing method					
a. X b. X b1. X b2. X c. X c1. X d. X					
2 Total additions	2 999999999				
3 Total subtractions	3 999999999	9 (P) 999999999	999999999		
4 North Dakota apportionable income (Subtract line 3 from the sum of lines 1 and 2)	4 999999999	9	999999999		
5 North Dakota apportionment factor	5 9.99999	<u>9</u> (R	9.999999		
6 Multiply line 4 by line 5 for income apportioned to North Dakota	699999999	9	999999999		
7 Income, less related expenses, allocated to North Dakota	7 999999999	9 (s) 999999999	999999999		
8 North Dakota income (Add lines 6 and 7)	899999999		999999999		
9 Federal tax deduction (tax years prior to January 1, 2004)	999999999	9 (o) 999999999	999999999		
10 Exempt income for new and expanding business (attach supporting schedule)	10 999999999	9 (A) 999999999	999999999		
11 Exempt income for renaissance zone activity (attach Schedule RZ)	11 999999999				
12 Subtract lines 9, 10 and 11 from line 8	12 999999999	_	999999999		
13 North Dakota net operating loss deduction	13 999999999		999999999		
14 Subtract line 13 from line 12	14 999999999		999999999		
15 Recapture of federal alternative minimum tax (tax years prior to January 1, 2004)	15 999999999		999999999		
16 Subtotal (subtract line 15 from line 14)	16 999999999	9 (F	9999999999		
17 Gross proceeds allocated to North Dakota from sale of North Dakota tax credits (see instructions)	17 999999999	9 (v) 999999999	999999999		
18 North Dakota Taxable Income (see instructions)	18 999999999	9	999999999		
Payment or Refund					
19 Income tax due for amount on line 18, Column C (use tax brackets and rates for year	being amended: see below)	(C) 1	9999999999		
20 North Dakota alternative minimum tax (tax years 1989 and 1990 only)		(B) 2	09999999999		
21 Surtax on water's edge method election (3.5% of amount on line 18 - water's edge filers		(Z) 2	19999999999		
22 North Dakota income tax due (add lines 19, 20 and 21)		2	2 9999999999		
23 Tax credits		(Y) 2	3 999999999		
24 North Dakota net income tax liability (subtract line 23 from line 22)			4 9999999999		
25 North Dakota net income tax liability previously paid after credits		(H) 2	5 999999999		
26 If line 24 is greater than line 25, enter difference as balance due (enter \$0 if less		(J) 2	6999999999		
26a Interest and penalty for balance due line 26			99999999999999999999999999999999999999		
26b Add lines 26 and 26a for total payment due			b 9999999999		
27 If line 25 is greater than line 24, enter difference as overpayment			79999999999		
			a 9999999999		
27b Add lines 27 and 27a for amount to be refunded (no refund under \$5)		27			
I declare under the penalties of North Dakota Century Code § 12.1-11-02, which provides for a Class A mis- amended return, including any accompanying schedules and statements, has been examined by me and to the			original return and that this		
Date: Signature of Officer: Title:	over or my anomicage and owner is a time	sorrest, and complete return	X I authorize the		
			North Dakota Office of		
Date: Signature of Preparer: Address:			State Tax Commissioner to discuss this return		
			with the preparer.		
Mail to: Office of State Tax Commissioner		PLEASE DO NOT WRITE I			
600 E. Boulevard Ave. Dept 127, Bismarck, North Dakota 58505-	0599				
*Privacy Act Notice - see instructions					
See tax return for year being amended for correct tax ra	tes or				

North Dakota Office of State Tax Commissioner



Form 40X Amended Corporation Income Tax Return

	Fiscal Year Beginning	and endi			(Rev. 2016)	
Name			Fe	deral Employer Identification Nur	nber*	
Mailing address			Na	nme the original Form 40 was filed	d under	
Mailing address			ING	Name the original Form 40 was filed under		
City, State, Zip Code		Phone Numb	er Re	eason for Changes:		
				RAR Other		
Income and Dec	ductions	As	A originally repo	B rted Net change	C Correct amount	
			.	`		
	original tax return filing method	¹		(M)		
a. b.	~ ~ ~ ~	c1. Π d. Π				
			1	(N)	_	
				(P)	_	
	tionable income (Subtract line 3 from the					
	tionment factor				R)	
	ine 5 for income apportioned to No.				,	
	expenses, allocated to North Dakot					
	ne (Add lines 6 and 7)			`/		
	on (tax years prior to January 1, 2004)			(O)	_	
	new and expanding business (attach					
	renaissance zone activity (attach Sche				_	
	and 11 from line 8			<u> </u>		
	perating loss deduction			(T)	_	
	m line 12			<u></u>		
	l alternative minimum tax (tax years p			(E)	_	
	15 from line 14)				(F)	
17 Gross proceeds allog	cated to North Dakota from sale of					
	redits (see instructions)ble Income (see instructions)				_	
Payment or Re	amount on line 18, Column C (use ta			(C)	19	
20 North Dakota alternative minimum tax (tax years 1989 and 1990 only)						
	ne tax due (add lines 19, 20 and 21)				22	
24 North Dakota net income tax liability (subtract line 23 from line 22)						
26 If line 24 is greater than line 25, enter difference as balance due (enter \$0 if less than \$5)						
	penalty for balance due line 26					
	and 26a for total payment due				6b	
	than line 24, enter difference as over					
	verpayment on line 27					
	and 27a for amount to be refunded			_	7b	
I declare under the negatives of N	North Dakota Century Code § 12.1-11-02, which	h provides for a Class A misdemeanor for	making a false statement	in a governmental matter, that I have filed	an original return and that this	
amended return, including any ac	ecompanying schedules and statements, has bee	examined by me and to the best of my k			an original return and that this	
Date: Si	gnature of Officer:	Title:			I authorize the	
					North Dakota Office of State Tax Commissioner	
Date: Si	gnature of Preparer:	Address:			to discuss this return	
		l		DI EACE DO NOT WATER	with the preparer.	
(00 F D1	Mail to: Office of State Tax Com			PLEASE DO NOT WRITE	IN 1HT2 SPACE	
	vard Ave. Dept 127, Bismarck, N					
	Privacy Act Notice - see instruct					
	for year being amended for					
	visit our website at www.ta	x.nu.gov.				