Form 306 - Income Tax Withholding Return
North Dakota Office of State Tax Commissioner
SFN 28229 (8-2018)

(A) Check this box if this is an amended return.
Account Number 99999999999
Due Date MM/DD/YYYY
Period Ending MM/DD/YYYY

Taxpayer NameXXXXXXXXXXXXXXXXXXXXX
Address1XXXXXXXXXXXXXXXXXXXXXX
Address2XXXXXXXXXXXXXXXXXXXXXX
City State ZipXXXXXXXXXXXXXXXX

(C) Check this box if you have been assigned a new federal ID #. Enter your new ID # here:
XX-XXXXXXXX

Check this box if your address has changed.

PART I - Complete Part I only if this is a FINAL return

(O) Check this box if you are no longer in business or no longer have employees, and enter your last day of business or employment.
MM/DD/YYYY

PART II
1. Total North Dakota income tax withheld this period: 999999999999.99

1a. North Dakota Tax originally reported (Amended return only): 999999999999.99

2. Total Tax Due/or (Refund): 999999999999.99

3. Penalty 999999.99 Interest 999999.99 Enter Total 999999999999.99

4. Total due with return (add lines 1, 2 & 3) Make check payable to North Dakota Tax Commissioner 999999999999.99

I authorize the North Dakota Office of State Tax Commissioner to discuss this return with the contact person listed below.

Taxpayer Signature
Title
Date
Contact Person (Please Print or Type) Contact Phone Number

I declare that this return has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Form 306 - Income Tax Withholding Return Payment Voucher
North Dakota Office of State Tax Commissioner

Taxpayer NameXXXXXXXXXXXXXXXXXXXXX
Address1XXXXXXXXXXXXXXXXXXXXXX
Address2XXXXXXXXXXXXXXXXXXXXXX
City State ZipXXXXXXXXXXXXXXXX

999999999999

MM/DD/YYYY

999999999999.99

Mail to: Office of State Tax Commissioner
PO Box 5624, Bismarck, ND 58506-5624

NACTP
(A) □ Check this box if this is an amended return.

Account Number

Due Date

Period Ending

Check this box if this is an amended return.

(C) □ Check this box if you have been assigned a new federal ID #. Enter your new ID # here:

Check this box if you are no longer in business or no longer have employees, and enter your last day of business or employment.

Check this box if your address has changed.

PART I - Complete Part I only if this is a FINAL return

(O) □ Check this box if you are no longer in business or no longer have employees, and enter your last day of business or employment.

(C) □ Check this box if this business has changed ownership. Provide name, address, and telephone number of new owner:

PART II

1. Total North Dakota income tax withheld this period.

1a. North Dakota Tax originally reported (Amended return only).

2. Total Tax Due/or (Refund).

3. Penalty Interest Enter Total

4. Total due with return (add lines 1, 2 & 3) Make check payable to North Dakota Tax Commissioner

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Taxpayer Signature Title Date

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Mail to: Office of State Tax Commissioner
PO Box 5624, Bismarck, ND 58506-5624