

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.

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

Account Number **99999999999** Due Date **MM/DD/YYYY**

XX-XXXXXXX

Period Ending **MM/DD/YYYY**

Taxpayer NameXXXXXXXXXXXXXXXXXX
Address1XXXXXXXXXXXXXXXXXXXXX
Address2XXXXXXXXXXXXXXXXXXXXX
City State ZipXXXXXXXXXXXXXXXX

Check this box if your address has changed.

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

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

(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.

NameXXXXXXXXXXXXXXXXXXXXX
AddressXXXXXXXXXXXXXXXXXXXXX
City, State, ZipXXXXXXXXXX
(999) 999-9999

MM/DD/YYYY

PART II

- 1. Total North Dakota income tax withheld this period..... **99999999999.99**
- 1a. North Dakota Tax originally reported (Amended return only)..... **99999999999.99**
- 2. Total Tax Due/or (Refund)..... **99999999999.99**
- 3. Penalty **999999.99** Interest **999999.99** Enter Total..... **99999999999.99**
- 4. Total due with return (add lines 1, 2 & 3) _ _ _ Make check payable to North Dakota Tax Commissioner _ _ _ **99999999999.99**

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	

NACTP

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 NameXXXXXXXXXXXXXXXXXX
Address1XXXXXXXXXXXXXXXXXXXXX
Address2XXXXXXXXXXXXXXXXXXXXX
City State ZipXXXXXXXXXXXXXXXX

99999999999

MM/DD/YYYY

99999999999.99

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

WTH

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.

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

Account Number

Due Date

Period Ending

Check this box if your address has changed.

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

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

(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.

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 _ _ _

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

