INDIVIDUAL INCOME TAX RETURN NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER SFN 28745 (12-2023)



FORM ND-EZ **2023**

			2023	8
SSN-99-9999 SSN-9	9-9999			9
		ased: Date of death:	B. School district code: 99 - 999	10
PRIMARY (FIRST M LAST) X	MM/DD/YYYY	(See instructions)	11
SPOUSE (FIRST M LAST		MM/DD/YYYY		12
	/		C. Income source code: 99	13
MAILINGADDRESS UNIT#	(append unit#	to address)	(See instructions)	14
MAILINGADDRESSLINE2	V-11			15
CITY STATE ZIP			D. Fill in if you obtained an extension	n of 16
			time to file: (see instructions)	17
A. Filing status X 1. Single	4. Head of househo	old		18
used on X 2 Married filing ion	intly 🔀 5. Qualifying wido		Extension X	19
federal return: 3. Married filing se				20
				21
<u> </u>				22
Tax Calculation For a c	complete return, you n	nust attach a copy of yo	ur entire 2023 federal income ta	x return
lax Calculation				24
1 a Fadoral adjusted grass incom-	m Form 1040 on Form 1040	SD line 11 If zone outer 0	(SX) 1a 999999999	
1.a. Federal adjusted gross income from	m roim 1040 of Form 1040	-SK, IIIIe 11. 11 zero, enter 0.		26
b. Federal taxable income from Form	1040 or Form 1040 SP 15	ne 15 If zero, enter 0	(ND) 1b 99999999	
b. Federal taxable income from Form	1 1040 01 1 01111 1040-5K, III	ie 15. II zeio, eiller U.		28
2 Toy Entor toy an amazor - 1: 11	from Toy Tollo	000	(SB) 2 999999999	
2. Tax - Enter tax on amount on line 1b	from Tax Table in instructi	OIIS	(05) 2	30
Tax Paid				31
3. North Dakota income tax withheld fro			(SF) 3 999999999	
(Attach Form W-2, Form 1099, and	d/or North Dakota Schedu	ile K-1)	(31) 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	33
Refund				34
4. Overpayment - If line 3 is MORE th	an line 2, subtract line 2 fro	m line 3;	(SG) 4 99999999	
otherwise, go to line 7. If less than \$5.		(SP) <u>9999999</u>	(38) 4 99999999	36
	hable Wildlife Fund	00000	Enter 5 99999999	
	for ND Program Trust Fun		total:	38
	ans' Postwar Trust Fund		(SR) 6 99999999	
6. Refund - Subtract line 5 from line 4.	T	Checking X Savings	(3R) 6 <u>33333333</u>	40
To direct deposit refun complete items a, b, an	(4)			41
_ (see instructions)	c. Account Number		vvv	42
Tax Due (see listractions)	c. Account number	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		43
7 Town Days Heling 2 is I ESS 45 12	2	2 If long them 05 00	(SZ) 7 99999999	
7. Tax Due - If line 3 is LESS than line			(32) / 333333333	999999 ⁴⁴
Watch	hable Wildlife Fund	(SU) 9999999	Enter 8 99999999	1999999 46
	for ND Program Trust Fund	(AT) 999999999999999999999999999999999999	total: 8 99999999	47
9. Balance Due - Add lines 7 and 8. Pa	cans' Postwar Trust Fund		9 9999999	
7. Dalance Due - Add lines / and 8. Pa	iy io. IND Office of State	1 ax Commissioner		49
	1000 C appared I	aletain Farma 1000 C -1-	ically of your favoral and	50
Check the boxes that apply.		obtain Form 1099-G electron		
(see instructions)			State Tax Commissioner to discuss this	
I declare that this return is correct and com	with the paid preparer i		Privacy Act - See inside front cover of bo	oklet 52
Your Signature		one Number	This Space Is For Tax Department Use	<u> </u>
_	(99		and Space 15 For Tax Department Use	
Spouse's Signature Date		one Number		55
	(99			56
Paid Preparer Signature	PTIN (99	Date		57
				58
Print Name of Paid Preparer Signature	Telenh	one number		59
The state of the s	1.22			60
	(99	9) 999-9999		61
■ Mail to: State Tax Commi	issioner	TT	T	62

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FORM ND-EZ **2023**

		Decease	d: Date of de	ath:	B. School district (See instructions)	
				'	C. Income source (See instructions)	
	П				-	btained an extension of ee instructions)
A. Filing status used on federal return: 1. Single 2. Married filin 3. Married filin	ng jointly 5.	Head of household Qualifying widow(o dependent child			Ext	tension
Fo Cax Calculation	r a complete	return, you mu	st attach a	copy of your	r entire 2023 fe	deral income tax return
1.a. Federal adjusted gross incom	e from Form 104	40 or Form 1040-S	R, line 11. If	zero, enter 0	(SX)	1a
b. Federal taxable income from	Form 1040 or Fo	orm 1040-SR, line	15. If zero, e	nter 0	(<u>N</u> D)	1b
2. Tax - Enter tax on amount on lin	e 1b from Tax T	Table in instructions	3		(SB) 2
Tax Paid 3. North Dakota income tax withhel (Attach Form W-2, Form 1099)	d from wages ar	nd other payments				
Refund	, and/or reorem	Dakota Schedule	K-1)			
4. Overpayment - If line 3 is MOF otherwise, go to line 7. <i>If less than</i>	s \$5.00, enter 0				(SG) 4
5. Voluntary contribution to:	rees for ND Pro	ife Fund gram Trust Fund r Trust Fund	(SW)		Enter total:	5
6. Refund - Subtract line 5 from lin To direct deposit i					(SR) 6
complete items a,	b, and c. b. R	ype of account: outing Number: .ccount Number:	_			
Tax Due		_				
7. Tax Due - If line 3 is LESS than		line 3 from line 2. ife Fund			(SZ) 7
		ogram Trust Fund_			Enter total:	8
9. Balance Due - Add lines 7 and 8		or Trust Fund Office of State Ta				. 9
Check the boxes that apply: (see instructions)	Disclosure	sent - I agree to ob Authorization - I a e paid preparer iden	authorize the	ND Office of St		l.gov oner to discuss this return
I declare that this return is correct and Your Signature	l complete to the b	nest of my knowledge Telephone			•	side front cover of booklet.
ioui signature	Date	releptione	: wumbet		inis Space Is For	Tax Department Use Only
Spouse's Signature	Date Telephor		e Number			
Paid Preparer Signature	PTIN	N I	Date			
Print Name of Paid Preparer Signature	,	Telephone	number			