	North Dakota Office of State T 2016 Form ND-1, page		ner						
19.	Enter your North Dakota taxable	income from lin	ne 18 of page	1			19		
	Tax calculation								
20.	Tax - If a full-year resident , ente if you have farm income or sold a re					vever,			
	If a full-year nonresident or part line 21; however, if you sold a rese	:-year resident, arch tax credit, s	enter amount see page 13 of	t from Scheo finstructions	dule ND-1NR,	(SE	3) 20		
(Credits								
	Credit for income tax paid to anothe (Attach Schedule ND-1CR)		(SD) 21						
22.	Marriage penalty credit for joint file (From worksheet on page 14 of inst		(AC) 22						
23.	Total other credits (Attach Schedule	. ND-1TC)		(AE) 23					
24.	Fotal credits. Add lines 21 through 23						24		
25.	Net tax liability. Subtract line 24	from line 20. If	less than ze	ro, enter 0		(SI	E) 25		
26.	Tax paid North Dakota income tax withheld from wages and other payments (Attach Form W-2, Form 1099, and North Dakota Schedule K-1) Estimated tax paid on 2016 Forms ND-1ES and ND-1EXT plus an overpayment, if any, applied from your 2015 return								
28.	Total payments. Add lines 26 and 27						J) 28		
29. 30.	Refund Overpayment - If line 28 is MORE than line 25, subtract line 25 from line 28; otherwise, go to line 33. If less than \$5.00, enter 0 Amount of line 29 that you want applied to your 2017 estimated tax Voluntary Contribution to: Wildlife Fund (SP) Program Trust Fund (SW) Ent) 30 _		
	Refund. Subtract lines 30 and 31								
	To direct deposit your refund, complete items a, b, and c. (See page 15)	a. Routing nunb. Account nunc. Type of account	mber:			(3.	., J.		
33.	Tax due - If line 28 is LESS than lin If less than \$5.00, enter 0					(SZ	2) 33 _		
3 4 .	Penalty (AK)	Interest (AL))		Enter total		. 34		
35 .	Voluntary Watchable contribution to: Wildlife Fund (SU)	T	rees For ND Program Trust	Fund (SY)		Enter total	35		
	Balance due. Add lines 33, 34, 35, Pay to: ND State Tax Commissio Interest on underpaid estimated tax	ner					36 _		
	(Disclosure aut discuss this retu	thorization-I urn with the pa	authorize th aid preparer	ne ND Office of identified belo	State Tax	Comi	missioner to	
_	declare that this return is correct and	complete to the			1:				ooklet.
1 101	ur signature Di		Telephone number (land line)		s Space Is Fo	or Tax I	Department Use Only		
Ĺ	ouse's signature	Date		e number (cell)					
	d preparer signature	PTI		Date					
Pri	nt name of paid preparer		Telephor	ie number	IIT				
L	▶ Mail to: Office of State Tax C PO Box 5621, Bismarck, ND								