

**INDIVIDUAL INCOME TAX RETURN**

OFFICE OF STATE TAX COMMISSIONER

SFN 28745 (12-2026)

**Form ND-EZ****2026**

Your First Name and Middle Initial		Last Name		Deceased ☐	Date of Death	Your Social Security Number
If Joint Return, Spouse's First Name and MI		Last Name		Deceased ☐	Date of Death	Spouse's Social Security Number
Current Mailing Address			Apt. Number	● Attach a copy of your entire 2026 federal income tax return ● Attach W-2s, 1099s, and/or ND Sch. K-1s showing ND Income tax withholding		
City	State	ZIP Code				
A. Filing status used on federal return: (Fill in only one) ☐ 1. Single ☐ 2. Married filing jointly ☐ 3. Married filing separately ☐ 4. Head of Household ☐ 5. Qualifying surviving spouse			B. School District Code: (See instructions) _____ C. Income Source Code: (See instructions) _____		D. Fill in if you obtained an extension to file: (See instructions) Extension ☐	

Tax Calculation

1. **a. Federal adjusted gross income** from Form 1040 or 1040-SR, line 11a. If zero, enter 0 (SX) 1a _____
- b. Federal taxable income** from Form 1040 or 1040-SR, line 15. If zero, enter 0 (ND) 1b _____
2. **Tax** - Enter tax on amount on line 1b from Tax Table in instructions (SB) 2 _____

Tax Paid

3. North Dakota income tax withheld from wages and other payments. (**Attach Form W-2, Form 1099, and/or North Dakota Schedule K-1**) (SF) 3 _____

Refund

4. **Overpayment** - If line 3 is MORE than line 2, subtract line 2 from line 3; otherwise, go to line 7. **If less than \$5, enter 0** (SG) 4 _____
5. Voluntary contribution(s): Veterans' Postwar Trust Fund (AS) _____
- Watchable Wildlife Fund (SP) _____ Trees for ND Trust Fund (SW) _____
- Enter total 5 _____
6. **Refund.** - Subtract line 5 from line 4. **If less than \$5, enter 0** (SR) 6 _____

To direct deposit
refund, complete items
a, b, and c. (See instructions)

a. Type of Account ☐ Checking ☐ Savings	b. Routing Number	c. Account Number
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Tax Due

7. **Tax due** - If line 3 is LESS than line 2, subtract line 3 from line 2. **If less than \$5, enter 0** (SZ) 7 _____
8. Voluntary contribution(s): Veterans' Postwar Trust Fund (AT) _____
- Watchable Wildlife Fund (SU) _____ Trees for ND Trust Fund (SY) _____
- Enter total 8 _____
9. **Balance due** - Add lines 7 and 9. **Pay to: ND Office of State Tax Commissioner** 9 _____

Fill in the circles that apply: ☐ **1099-G consent:** I agree to obtain Form 1099-G electronically at www.tax.nd.gov.

☐ **Disclosure authorization:** I authorize the ND Office of State Tax Commissioner to discuss this return with the paid preparer identified below.

*I declare that this return is correct and complete to the best of my knowledge and belief. * Privacy Act - See inside front cover of booklet.*

Your Signature	Date	Telephone Number	This Space is for Tax Department Use Only
Spouse's Signature	Date	Telephone Number	
Paid Preparer Signature	Preparer Tax ID Number	Date	
Print Name of Paid Preparer Signature		Telephone Number	

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► Mail to: Office of State Tax Commissioner, PO Box 5621, Bismarck ND 58506-5621