NORTHON OF

DIVISION OF REVENUE AND TAXATION

Department of Finance

Commonwealth of the Northern Mariana Islands

TERRITORIAL INDIVIDUAL INCOME TAX RETURN FOR SINGLE AND JOINT FILERS WITH NO DEPENDENTS



		AND CNMI SO	URCE INCOME	ONLY	FOR OFFICIAL USE	ONLY	
Form							
Your first name		-	st name	2016	Vour	social security num	hor
four first flame		La	sthame		four		Der
If a joint returr	n, spouse's first name and initial	La	ast name		Spou	se's social security r	iumbei
Home address	(number and street). If you have a P.C). box, see instructions	5	Apt. no.		ke sure the SSN(s ve are correct.) 🔺
City, town or p	ost office, state, and ZIP code. If you	have a foreign address	s, also complete spa	ces below (see instructior	ns)		
Foreign countr	y name		Foreign province/s	state/county	Foreign posta	Il code	
Income							
	1 Wages, salaries, and tips. Thi	s should be shown in l	box 1 of your W-2CM	vl forms(s). Attach your V	/-2CM form(s) 1	L	
Attach	2 Taxable interest. If the total i	s over \$1,500, you car	not use Form 1040	EZ	2	2	
Form(s) W-2CM here.	3 Unemployment compensatio	n and Alaska Permane	ent Fund dividends.	See page 2 for explanatio	n :	8	
	4 Add lines 1, 2, and 3. This is	your adjusted gross in	come.		4	1	
Enclose, but do not attach, any payment.	 If someone can claim you (or and enter the amount from the amount fr	he worksheet on page Spouse	2.				
	If no one can claim you (or you jointly. See page 2 for explanation of the set of the		urn) enter \$10,350 i	f single ; \$20,700 if marrie	d filing 5		\perp
	6 Subtract line 5 from line 4. If			•	6		
Payments,	7 NMTIT (Chapter 7) income ta:		of your form(s) W-2	CM and 1099.	7		
Credits,	8a Earned income credit (EIC) (s	ee instructions).			8	a	
and Tax	b Nontaxable combat pay elect	ion.		8b			
	9 Add lines 7 and 8a. These are				9		
	10 Tax. Use the amount on line 6 Then, enter the tax from the t		ax in the table in the	instructions.	10		
	11 Health care: individual respo	nsibility (see instructio	ons) I	-ull-year coverage	11		
	12 Add lines 10 and 11. This is y	our total tax.			12	2	
Refund	13 If line 9 is larger than line 12,	subtract line 12 from	line 9. This is your r	efund before rebate.	13		
Amount you owe	14 If line 12 is larger than line 9, s	subtract line 9 from lir	ne 12. This is the ar	ount you owe before reb	oate. 14		
Third	Do you want to allow another person to		h the Division of Reve			. Complete below.	No
Party Designee	Designee's name	Phone no.		Personal ide number (Pl			
Sign Here	Under penalties of perjury, I declare lists all amounts and sources of inco of which the preparer has any know	me I received during th		, .			
Joint return? See instructions	Your signature.	-	Date	Your occupation		Daytime phone nur	nber
Keep a copy for your records.	Spouse's signature. If a joint return, I	both must sign. D	Date	Spouse's occupation	I	. /	
Paid	Print/Type preparer's name	Preparer's signature		Date	Check if self-employed	PTIN	
Preparer Use Only	Firm's name				Firm's EIN 🕨		
USE Uniy	Firm's address 🕨	Phone no. ()					

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

- Your filing status is single or married filing jointly. If you are not sure about your filing status, see instructions.
- You (and your spouse if married filing jointly) were under age 65 and not blind at the end of 2016. If you were born on January 1, 1952, you are considered to be age 65 at the end of 2016.
- You do not claim any dependents. For information on dependents, see Publication 501.

this form if

- Your taxable income (line 6) is less than \$100,000.
 - You do not claim any adjustments to income. For information on adjustments to income, use the Tax Topics listed under Adjustments to Income at www.irs.gov/taxtopics (see instructions).
 - The only tax credit you can claim is the earned income credit (EIC). The credit may give you a refund even if you do not owe any tax. You do not need a qualifying child to claim the EIC. For information on credits, use the Tax Topics listed under Tax Credits at www.irs.gov/taxtopics (see instructions). If you received a Form 1098-T or paid higher education expenses, you may be eligible for a tax credit or deduction that you must claim on Form 1040A-CM or Form 1040CM. For more information on tax benefits for education, see Pub. 970.
 - You had only CNMI source wages, salaries, tips, taxable scholarship or fellowship grants, AND your total taxable interest was not over: \$1,000 if filing single OR
 - \$1,500 if filing jointly, and neither you nor your spouse individually has interest income in excess of \$1,000.

If you earned tips, including allocated tips, that were not included in box 5 and box 7 of your W-2CM, you may not be able to use Form 1040EZ-CM (see instructions). If you are planning to use Form 1040EZ-CM for a child who received Alaska Permanent Fund dividends, see the exception below.

Exception to using Form 1040EZ-CM. If you have unemployment compensation or Alaska Permanent Fund dividends, you may not be able to use this form, as such income is generally not CNMI source. Unless the total Adjusted Gross Income on line 4 is not more than the exemption amount on line 5 and you have no further income tax withheld, you must use Form 1040A-CM or Form 1040-CM.

Filling in your

return For tips on how to avoid
For tips on how For tips on how to avoid
For tips on how to

common mistakes, see Remember, you must report all wages, salaries, and tips even if you do not get a Form W-2CM from your employer. You must Instructions also report all your taxable interest, including interest from banks, savings and loans, credit unions, etc., even if you do not get a Form 1099-INT.

Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married filing jointly) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, see Pub. 501

Worksheet	A. Amount, if any,	from line 1 on front			_			
for Line 5-	,		+	350.00) Enter Total 🕨	A		
Dependents Who	B. Minimum stand	dard deduction			-	В	1,050	
Checked	C. Enter the large	r of Line A or line B here · · ·				· C		
One or Both boxes	D. Maximum stan	D						
Both boxes	E. Enter the smaller of line C or line D here. This is your standard deduction E							
	F. Exemption amo	ount.						
	- bot - only	enter -0- d filing jointly and - h you and your spouse can be clain y one of you can be claimed as a do F. Enter the total here and on line	ependent, ente	er \$4,050.	o }	F		
(keep a copy for your records)	If you did not cheSingle, enter \$10,Married filing joi	Exck any boxes on line 5, enter on l 350. This is the total of your stands ntly, enter \$20,700. This is the tota spouse's exemption (\$4,050).	line 5 the amou ard deduction	unt shown be (\$6,300) and	your exemption (\$4,0)50).		
Mailing Iffilin return	g by mail, send to:	Division of Revenue and Taxation P.O. Box 5234 CHRB Saipan, MP 96950	Central Office		Tinian District Office P.O. Box 449 Tinian, MP 96952	Rota Distric P.O. Box 14 Rota, MP 96	06	



DIVISION OF REVENUE AND TAXATION

Department of Finance Commonwealth of the Northern Mariana Islands ANNUAL WAGE AND SALARY TAX RETURN



Form **1040EZ-CM**

m 1040EZ-CM	(Please type or print in ink)	
/our first name and initial	Last name	Your social security number
f a joint return, spouse's first name and initial	Last name	Spouse's social security number

PA	RT A WAGE AND SALARY TAX COMPUTATION	A. YOURSELF	B. SPOUSE	
1	CNMI wages and salaries from Form(s) W-2CM.			
2	Other CNMI wages and salaries not included in line 1			<u> </u>
3	Total CNMI wages and salaries. Add lines 1 and 2. 3.			
4	Amount in line 3 not subject to the wage and salary tax (attach explanation).			
5	CNMI wages and salaries. Subtract line 4 from line 3			
6	Annual wage and salary tax (see supplemental instructions on page 5) 6.			
7	Combined annual wage and salary tax. Add line 6, Columns A and B	7		
8	Wages and salary tax withheld and/or paid from Form W-2CM	8		
9	Total wage and salary tax due or (overpaid). Subtract line 8 from line 7. Enclose in parenthesi	is () if less than zero 🛛 🕨 9		

COMPLETE FORM OS-3405A ON PAGE 4 - COMPUTATION OF NON-REFUNDABLE CREDIT AND APPLICATION FOR REBATE ON CNMI SOURCE TAX BEFORE COMPLETING PART B

P	ART B CHAPTER 7 TAX AND REBATE OFFSET CALCULATIONS	
1	Chapter 7 tax underpayment after non-refundable credit. Enter amount from Form OS-3405A, line 5	1
2	Chapter 7 tax overpayment after non-refundable credit. Enter amount from Form OS-3405A, line 4	2 (
3	Rebate offset amount. Enter amount from Form OS-3405A, line 6	3 (
4	Chapter 7 liability or (overpaid) after rebate offset amount. Add lines 1 through 3. Place brackets () if less than zero	4
5	Tax on overpayment of credits	5
6	Estimated tax penalty	6
7	Total Chapter 7 liability or (overpaid). Add lines 4, 5 and 6	7
P	ART C COMBINED DUE OR (OVERPAYMENT)	
1	Total amount due or (overpaid). Add line 9 of PART A and line 7 of PART B	1

± .		
2	If line 1 is an overpayment, enter amount you want credited to your 2017 ESTIMATED TAX	
		-

3 ▶ 3 (

Third	Do you want to allow another person to discuss this return with the Division of Revenue and Taxation? 🗌 Yes. Complete the following. 🗌 No.										
Party	C	Designee's		Phone			Personal	identification			
Designee	n	name		no.	()		number	(PIN)			
Sign here		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Joint return? See instruction Keep a copy	See instructions					Your occupa	tion	Daytime phone ()	number		
for your records	Spouse's signature. If a joint return, both must sign					Date		Spouse's occupa	tion		
Paid			Preparer's signat	ure		Date		check 🗌 if self employed	PTIN		
Preparer	F	Firm's name	e 🕨			Firm's TIN EIN					
Use Only	F	Firm's adress 🕨									

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DIVISION OF REVENUE AND TAXATION COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

COMPUTATION OF NON-REFUNDABLE CREDIT AND APPLICATION FOR REBATE ON CNMI SOURCE INCOME TAX



Forr	n OS-3405A For Form 1040EZ-CM			20]] P P
Your	first name and initial	Last name		Your social security nu	mber
lf a j	oint return, spouse's first name and initial	Last name		Spouse's social securit	y number
Hom	e address (number and street)		Apt. no.	Make sure the SSN	(s) 🔺
City	town or post office, state, and ZIP code			above are correct	
City,	town of post once, state, and zir code				
				_	
PART	A - Non-refundable Credits				
	Wage and salary tax. Enter amount from line 7, Part A	A of the Wage and Salary Tax Return.	1		
PART	B - Rebate Computation				
1	Total NMTIT. Enter amount from line 10 of form 1040	EZ-CM	1		
2	Total NMTIT payments made. Enter amount from line	9 of form 1040EZ-CM	2		
3	Rebate base. Subtract the amount in Part A, from the	e amount on line 1 of this part. If zero	or less, enter -0- 3		
4	NMTIT overpayment (If line 2 is greater than line 3, su	btract line 3 from line 2). Otherwise	enter -0 4		
5	NMTIT underpayment (If line 3 is greater than line 2, s	subtract line 2 from line 3). Otherwise	enter -0 5		
6	Rebate offset amount. Calculate this amount as deterr	mined by the rebate base (line 3) using	the rebate table		
	shown below		6		

			REBATE TABLE							
IF RE	BA	ATE BASE (line 3) IS:	THE REE	BATE OFFSET AMOUNT	IS:		EXAMPL	EXAMPLE:		
Not	ove	er \$20,000 🕨	90% of t	he rebate base		►	Rebate base X 90%			
\$20,001-100,000			\$18,000	\$18,000 plus 70% of the rebate base over \$20,000 • Rebate base - \$20,000 X 70% + 18			0% + 18,000			
Sign Here ^{Keep a}		Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.						•		
copy for Your		Your signature	Date		Your occupation Da		Daytime phone number ()			
Records	/	Spouse's signature. If a joint return, both mu	ust sign Date		Spouse's oc	cupation				
Print/Type preparer's name Preparer's signatu Paid Print/Type preparer's name Preparer's signatu		Preparer's signature	Date			Check if self-employed	PTIN			
Preparer		Firm's name					Firm's TIN EIN			
Use only		Firm's address 🕨						Phone no. ()	
								1		

PART A WAGE AND SALARY TAX COMPUTATION

- 1. Enter total wages and salaries received for work performed in the CNMI per Form(s) W-2CM box 16. (For a joint return, enter spouse income in column B).
- 2. Enter other wages and salaries received for work performed in the CNMI which Form(s) W-2CM were not issued or received, i.e. tips, freelance income, etc.
- 3. Add lines 1 and 2 in each column.
- 4. Enter the amount not subject to the wage and salary tax. Attach explanation otherwise this amount will be disallowed.
- 5. Subtract line 4 from line 3 in each column. This is your total CNMI wages and salaries subject to the wage and salary tax.
- 6. Compute your wage and salary tax on the amount reported on line 5 (each column) using the wage and salary tax table below.

FROM	то	RATE	FROM	то	RATE
(a) 0	1,000.00	-0-	f) 22,000.01	30,000.00	6.0%
(b) 1,000.01	5,000.00	2.0%	g) 30,000.01	40,000.00	7.0%
(c) 5,000.01	7,000.00	3.0%	h) 40,000.01	50,000.00	8.0%
(d) 7,000.01	15,000.00	4.0%	i) 50,000.01	and over	9.0%
(e) 15,000.01	22,000.00	5.0%			

- 7. Add the tax on line 6, columns A and B and enter on this line.
- 8. Enter the total Chapter 2 tax withheld as shown in Form(s) W-2CM box 17. Also, add other Chapter 2 wage and salary tax payments made for wages and salaries.
- 9. Subtract line 8 from line 7. If less than zero, place a bracket around the figure to indicate an overpayment. This is the Chapter 2 wage and salary tax due/overpaid.

COMPLETE FORM OS-3405A -COMPUTATION OF NON-REFUNDABLE CREDIT AND APPLICATION FOR REBATE ON CNMI SOURCE TAX BEFORE COMPLETING PARTB

PART B CHAPTER 7 TAX AND REBATE OFFSET CALCULATIONS

- 1. Enter amount from line 5 of Form OS-3405A.
- 2. Enter amount from line 4 of Form OS-3405A.
- 3. Enter amount from line 6 of Form OS-3405A.
- 4. Add amounts on lines 1 through 3 of this part. Note that lines 2 and 3 are negative numbers. If the total on this line is less than zero, enclose the amount in parenthesis ().
- 5. Enter the lesser of the amount on line 5 of Form 1040EZ-CM or the amount on line 2 (ignore bracket).
- 6. Enter the estimated tax penalty here based on the underpaid tax shown on line 1 of this part.
- 7. Add lines 4 thru 6. This is your total Chapter 7 (NMTIT) liability or overpayment. If overpaid, enclose the amount in parenthesis ().

PART C COMBINED DUE OR (OVERPAYMENT)

- 1. Amount due or (overpaid). Add line 9 of PART A and line 7 of PART B. Make sure that negative amount is enclosed in parenthesis ().
- 2. If line 1 is an overpayment, enter amount you want credited to your 2017 estimated tax.
- 3. Net (overpaid). Add line 1 and line 2 of this part. This is your refund/rebate.