



**DIVISION OF REVENUE AND TAXATION**  
**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**  
**CNMI Nonresident Alien Income Tax Return**



Form **1040NR-CM**

beginning

For the year January 1–December 31, 2017, or other tax year

, 2017, and ending

, 20

**2017**

Your first name and initial	Last name	Identifying number (see instructions)
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Present home address (number, street, and apt. no., or rural route). If you have a P.O. box, see instructions.	Check if: <input type="checkbox"/> Individual <input type="checkbox"/> Estate or Trust
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City, town, or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name	Foreign province/state/county	Foreign postal code
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<b>Filing Status</b>	1 <input type="checkbox"/> Single resident of Canada or Mexico or single U.S. national	4 <input type="checkbox"/> Married resident of South Korea
	2 <input type="checkbox"/> Other single nonresident alien	5 <input type="checkbox"/> Other married nonresident alien
3 <input type="checkbox"/> Married resident of Canada or Mexico or married U.S. national	6 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)	

Check only one box. If you checked box 3 or 4 above, enter the information below.

(i) Spouse's first name and initial	(ii) Spouse's last name	(iii) Spouse's identifying number
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<b>Exemptions</b>	7a <input type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 7a . . . . .				Boxes checked on 7a and 7b	
	b <input type="checkbox"/> Spouse. Check box 7b only if you checked box 3 or 4 above and your spouse did not have any CNMI gross income . . . . .					
	c Dependents: (see instructions)		(2) Dependent's identifying number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instr.)	No. of children on 7c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 7c not entered above
	(1) First name	Last name			<input type="checkbox"/>	
					<input type="checkbox"/>	
				<input type="checkbox"/>		
If more than four dependents, see instructions.	d Total number of exemptions claimed . . . . .				Add numbers on lines above <span style="border: 1px solid black; padding: 2px;">  </span>	

<b>Income Effectively Connected With CNMI Trade/ Business</b>	8 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		8	
	9a Taxable interest . . . . .		9a	
	b Tax-exempt interest. Do not include on line 9a . . . . .		9b	
	10a Ordinary dividends . . . . .		10a	
	b Qualified dividends (see instructions) . . . . .		10b	
	11 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) . . . . .		11	
	12 Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions)		12	
	13 Business income or (loss). Attach Schedule C or C-EZ (Form 1040) . . . . .		13	
	14 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here <input type="checkbox"/>		14	
	15 Other gains or (losses). Attach Form 4797 . . . . .		15	
	16a IRA distributions . . . . .		16a	
	16b Taxable amount (see instructions)		16b	
	17a Pensions and annuities . . . . .		17a	
	17b Taxable amount (see instructions)		17b	
	18 Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040) . . . . .		18	
19 Farm income or (loss). Attach Schedule F (Form 1040) . . . . .		19		
20 Unemployment compensation . . . . .		20		
21 Other income. List type and amount (see instructions) -----		21		
22 Total income exempt by a treaty from page 5, Schedule OI, Item L (1)(e) . . . . .		22		
23 Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income . . . . .		23		

<b>Adjusted Gross Income</b>	24 Educator expenses (see instructions) . . . . .		24	
	25 Health savings account deduction. Attach Form 8889		25	
	26 Moving expenses. Attach Form 3903 . . . . .		26	
	27 Deductible part of self-employment tax. Attach Schedule SE (Form 1040)		27	
	28 Self-employed SEP, SIMPLE, and qualified plans . . . . .		28	
	29 Self-employed health insurance deduction (see instructions)		29	
	30 Penalty on early withdrawal of savings . . . . .		30	
	31 Scholarship and fellowship grants excluded . . . . .		31	
	32 IRA deduction (see instructions) . . . . .		32	
	33 Student loan interest deduction (see instructions) . . . . .		33	
	34 Domestic production activities deduction. Attach Form 8903 . . . . .		34	
	35 Add lines 24 through 34 . . . . .		35	
36 Subtract line 35 from line 23. This is your <b>adjusted gross income</b> . . . . .		36		

<b>Tax and Credits</b>	37 Amount from line 36 (adjusted gross income) . . . . .					37		
	38 Itemized deductions from page 3, Schedule A, line 15 . . . . .					38		
	39 Subtract line 38 from line 37 . . . . .					39		
	40 Exemptions (see instructions) . . . . .					40		
	41 Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0- . . . . .					41		
	42 Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 . . . . .					42		
	43 Alternative minimum tax (see instructions). Attach Form 6251 . . . . .					43		
	44 Excess advance premium tax credit repayment. Attach Form 8962 . . . . .					44		
	45 Add lines 42, 43 and 44 . . . . . ▶					45		
	46 Foreign tax credit. Attach Form 1116 if required . . . . .	46						
	47 Credit for child and dependent care expenses. Attach Form 2441 . . . . .	47						
	48 Retirement savings contributions credit. Attach Form 8880 . . . . .	48						
	49 Child tax credit. Attach Schedule 8812, if required . . . . .	49						
50 Residential energy credits. Attach Form 5695 . . . . .	50							
51 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	51							
52 Add lines 46 through 51. These are your total credits . . . . .						52		
53 Subtract line 52 from line 45. If line 52 is more than line 45, enter -0- . . . . . ▶						53		
<b>Other Taxes</b>	54 Tax on income not effectively connected with a CNMI trade or business from page 4, Schedule NEC, line 15 . . . . .					54		
	55 Self-employment tax. Attach Schedule SE (Form 1040) . . . . .					55		
	56 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 . . . . .					56		
	57 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required . . . . .					57		
	58 Transportation tax (see instructions) . . . . .					58		
	59a Household employment taxes from Schedule H (Form 1040) . . . . .					59a		
	b First-time homebuyer credit repayment. Attach Form 5405 if required . . . . .					59b		
60 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Instructions; enter code(s) _____					60			
61 Add lines 53 through 60. This is your <b>total tax</b> . . . . . ▶					61			
<b>Payments Made to the CNMI</b>	62 NMTIT withheld from: a Form(s) W-2CM and 1099 . . . . .	62a						
	b Form(s) 8805 . . . . .	62b						
	c Form(s) 8288-A . . . . .	62c						
	d Form(s) 1042-S . . . . .	62d						
	63 2015 estimated tax payments and amount applied from 2014 return . . . . .	63						
	64 Additional child tax credit. Attach Schedule 8812. . . . .	64						
	65 Net premium tax credit. Attach Form 8962 . . . . .	65						
	66 Amount paid with request for extension to file (see instructions) . . . . .	66						
	67 Excess social security and tier 1 RRTA tax withheld (see instructions) . . . . .	67						
	68 Credit for federal tax paid on fuels. Attach Form 4136 . . . . .	68						
69 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	69							
70 Credit for amount paid with Form 1040-C . . . . .	70							
71 Add lines 62a through 70. These are your <b>total payments</b> . . . . .						71		
<b>Refund</b>	72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid . . . . .					72		
	73 Amount of line 72 you want refunded to you. If Form 8888 is attached, check here . . . ▶ <input type="checkbox"/>					73		
74 Amount of line 72 you want applied to your 2018 estimated tax . . . ▶	74							
<b>Amount You Owe</b>	75 <b>Amount you owe.</b> Subtract line 71 from line 61. For details on how to pay, see instructions . . . ▶					75		
	76 Estimated tax penalty (see instructions) . . . . .	76						
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the Division of Revenue and Taxation? (see instructions) <input type="checkbox"/> <b>Yes.</b> Complete below. <input type="checkbox"/> <b>No</b>							
	Designee's name _____	Phone no. ( ) _____	Personal Identification Number (PIN) _____					
<b>Sign Here</b>	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 the preparer has any knowledge.							
	Keep a copy of this return for your records. ▶	Your signature _____	Date _____	Your occupation in the CNMI _____	Daytime phone number ( ) _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name _____	Preparer's signature _____	Date _____	Check <input type="checkbox"/> if self-employed	PTIN _____			
	Firm's name ▶ _____				Firm's EIN ▶ _____			
	Firm's address ▶ _____				Phone no. _____			

**Schedule A—Itemized Deductions** (see instructions)

<b>Taxes You Paid</b>	1	State and local income taxes . . . . .				1	
<b>Gifts to CNMI Charities</b>		Caution: If you made a gift and received a benefit in return, see instructions.					
	2	Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	2				
	3	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if the amount of your deduction is over \$500 . . . . .	3				
	4	Carryover from prior year . . . . .	4				
	5	Add lines 2 through 4 . . . . .				5	
<b>Casualty and Theft Losses</b>	6	Casualty or theft loss(es). Attach Form 4684. See instructions . . . . .				6	
<b>Job Expenses and Certain Miscellaneous Deductions</b>	7	Unreimbursed employee expenses—job travel, union dues, job education, etc. You must attach Form 2106 or Form 2106-EZ if required. See instructions ▶ . . . . .	7				
	8	Tax preparation fees . . . . .	8				
	9	Other expenses. See instructions for expenses to deduct here. List type and amount ▶ . . . . .	9				
	10	Add lines 7 through 9 . . . . .	10				
	11	Enter the amount from Form 1040NR-CM, line 37. . . . .	11				
	12	Multiply line 11 by 2% (0.02) . . . . .	12				
	13	Subtract line 12 from line 10. If line 12 is more than line 10, enter -0- . . . . .				13	
<b>Other Miscellaneous Deductions</b>	14	Other—see instructions for expenses to deduct here. List type and amount ▶ . . . . .					
						14	
<b>Total Itemized Deductions</b>	15	Is Form 1040NR-CM, line 37, over the amount shown below for the filing status box you checked on page 1 of Form 1040NR-CM: • \$309,900 if you checked box 6 • \$258,250 if you checked box 1 or 2, or • \$154,950 if you checked box 3, 4, or 5? <input type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 1 through 14. Also enter this amount on Form 1040NR-CM, line 38. <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter here and on Form 1040NR-CM, line 38					15



Schedule OI—Other Information (see instructions)

Answer all questions

A Of what country or countries were you a citizen or national during the tax year? .....

B In what country did you claim residence for tax purposes during the tax year? .....

C Have you ever applied to be a green card holder (lawful permanent resident) of the United States? . . . . .  Yes  No

D Were you ever:
1. A U.S. citizen? . . . . .  Yes  No
2. A green card holder (lawful permanent resident) of the United States? . . . . .  Yes  No
If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.

E If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. ....

F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? . . . . .  Yes  No
If you answered "Yes," indicate the date and nature of the change. ▶ .....

G List all dates you entered and left the CNMI during 2017 (see instructions).
Note. If you are a resident of Canada or Mexico AND commute to work in the CNMI at frequent intervals, check the box for Canada or Mexico and skip to item H . . . . .  Canada  Mexico

Table with 2 columns: Date entered the CNMI mm/dd/yy, Date departed the CNMI mm/dd/yy

Table with 2 columns: Date entered the CNMI mm/dd/yy, Date departed the CNMI mm/dd/yy

H Give number of days (including vacation, nonworkdays, and partial days) you were present in the CNMI during:
2015 ....., 2016 ....., and 2017 .....

I Did you file a U.S. income tax return for any prior year? . . . . .  Yes  No
If "Yes," give the latest year and form number you filed . . . ▶ .....

J Are you filing a return for a trust? . . . . .  Yes  No
If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? . . . . .  Yes  No

K Did you receive total compensation of \$250,000 or more during the tax year? . . . . .  Yes  No
If "Yes," did you use an alternative method to determine the source of this compensation? . . . . .  Yes  No

L Income Exempt from Tax—If you are claiming exemption from income tax under a CNMI income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.

1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required (see instructions).

Table with 4 columns: (a) Country, (b) Tax treaty article, (c) Number of months claimed in prior tax years, (d) Amount of exempt income in current tax year

(e) Total. Enter this amount on Form 1040NR-CM, line 22. Do not enter it on line 8 or line 12 . . . . .

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? . . . . .  Yes  No
3. Are you claiming treaty benefits pursuant to a Competent Authority determination? . . . . .  Yes  No
If "Yes," attach a copy of the Competent Authority determination letter to your return.



**DIVISION OF REVENUE AND TAXATION**  
**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**  
**ANNUAL WAGE AND SALARY AND EARNINGS TAX RETURN**  
*(See supplemental instructions)*



**2017**

(For Form **1040NR-CM**)

Your first name and initial	Last Name	Social security number
If a joint return, spouse's first name and initial	Last Name	Spouse's social security number
Home Address (number and street).	Apt. No.	<b>▲ IMPORTANT ! ▲</b> You must enter your SSN(s) above
City, town or post office, state, and ZIP code.		

**PART A WAGE AND SALARY TAX COMPUTATION**

<b>1</b> CNMI wages and salaries from Form(s) W-2 and W-2CM . . . . .	<b>1</b>		
<b>2</b> Other CNMI wages and salaries not included in line 1 . . . . .	<b>2</b>		
<b>3</b> Total CNMI wages and salaries. Add lines 1 and 2 . . . . .	<b>3</b>		
<b>4</b> Amount on line 3 not subject to the wage and salary tax (attach Schedule WSD) . . . . .	<b>4</b>		
<b>5</b> CNMI wages and salaries. Subtract line 4 from line 3 . . . . .	<b>5</b>		
<b>6</b> Annual wage and salary tax . . . . .	<b>6</b>		

**PART B EARNINGS TAX COMPUTATION**

<b>1</b> Gain from the sale of personal property . . . . .	<b>1</b>		
<b>2</b> One half of the gain from the sale of real property . . . . .	<b>2</b>		
<b>3</b> One half of the net income from leasing of real property . . . . .	<b>3</b>		
<b>4</b> Interest, dividends, rents, royalties . . . . .	<b>4</b>		
<b>5a</b> Gross winnings from any gaming, lottery, raffle, etc . . . . .	<b>5a</b>		
<b>b</b> Less amount excludable (attach Form(s) W-2G) . . . . .	<b>5b</b>		
<b>c</b> Balance. Subtract line 5b from line 5a . . . . .	<b>5c</b>		
<b>6</b> Other income subject to the NMTIT, unless excludable under the earnings tax . . . . .	<b>6</b>		
<b>7</b> Total income subject to the earnings tax. Add lines 1 thru 4, 5c, and 6 . . . . .	<b>7</b>		
<b>8</b> Annual earnings tax . . . . .	<b>8</b>		

**PART C TOTAL CHAPTER 2 TAX DUE/(OVERPAYMENT)**

<b>1</b> Wage and salary tax and earnings tax. Add line 6 part A and line 8 part B . . . . .	<b>1</b>		
<b>2</b> Education tax credit (attach Schedule ETC) . . . . .	<b>2</b>		
<b>3</b> Tax after education tax credit Subtract line 2 from line 1, but not less than zero . . . . .	<b>3</b>		
<b>4</b> Enter total wage and salary tax and earnings tax withheld and amount paid in 2017 . . . . .	<b>4</b>		
<b>5</b> Combined wage and salary and earnings tax due or overpaid Subtract line 5 from line 4. If negative, enclose with parenthesis. . . . .	<b>5</b>		

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

**PART D CHAPTER 7 TAX AND REBATE OFFSET**

<b>1</b> Chapter 7 tax underpayment after non-refundable credit. Enter amount from Form OS-3405A, line 11, part B	<b>1</b>		
<b>2</b> Chapter 7 tax overpayment after non-refundable credit. Enter amount from Form OS-3405A, line 10, part B	<b>2</b>	(                    )	
<b>3</b> <b>Rebate offset amount.</b> Enter amount from Form OS-3405A, line 12, part B . . . . .	<b>3</b>	(                    )	
<b>4</b> Chapter 7 liability or (overpayment) after rebate offset amount. Add lines 1 through 3 . . . . .	<b>4</b>		
<b>5</b> Tax on overpayment of credits . . . . .	<b>5</b>		
<b>6</b> Estimated tax penalty . . . . .	<b>6</b>		
<b>7</b> Total Chapter 7 liability or (overpayment). Add lines 4, 5 and 6 . . . . .	<b>7</b>		

**PART E COMBINED DUE OR (OVERPAYMENT)**

<b>1</b>	Total amount due or (overpaid). Add line 5 PART C and line 7 of PART D. If negative, enclose amount in parenthesis ( ). . . . .	<b>1</b>	
<b>2</b>	If line 1 is an overpayment, enter amount you want credited to your <b>2018 ESTIMATED TAX</b> . . . . .	<b>2</b>	
<b>3</b>	<b>Net (overpaid)</b> Add lines 1 and 2 of this part. This is your refund/rebate . . . . .	<b>3</b>	( )

If there is amount due on Part E, line 1 above:

Offset against the Additional Child Tax Credit (ACTC) on Part F and/or the Refundable American Opportunity Credit (RAOC) on Part G below, if any. Please complete those parts to determine your remaining tax due. Otherwise, pay this amount.

If there is remaining tax due and the return is filed and/or the tax is paid after the due date, tax due is subject to penalty and interest charges. Use the Penalties and Interest Worksheet below to calculate your penalties and interest. Please include these charges in your payment; otherwise, the Division of Revenue and Taxation will bill you.

**Penalties and Interest Worksheet**

1.	Enter the amount from Part E, line 1.	1	_____
2.	Enter the sum of Part D, line 6, Part F, line 1 and Part G, line 1.	2	_____
3.	If line 1 is greater than line 2, subtract line 2 from line 1. Otherwise, stop here. There are no penalties	3	_____
4.	Failure to pay penalty *	4	_____
5.	Failure to file penalty **	5	_____
6.	Calculate interest at prevailing rates as published by the IRS from the due date until the tax and penalties are fully paid	6	_____
7.	Total penalties and interest. Add lines 4, 5 and 6. When making your payment, include this amount with the tax due shown on Part E, line 1	7	_____

\* Multiply the amount on line 3 by 0.5% for each month or fraction of a month until the date that all taxes, failure to pay penalties and interest have been paid.

\*\* Multiply the amount on line 3 by 4.5% for each month or fraction of a month until the date that all taxes, failure to file penalties and interest have been paid.

**PART F Additional Child Tax Credit Computation (attach Schedule 8812)**

**Special Notice**

This part is provided to enable the Division of Revenue and Taxation to process your claim of the Additional Child Tax Credit (ACTC) Schedule 8812. Please note that the ACTC is being paid by the United States Treasury. The Division of Revenue and Taxation is only facilitating your ACTC claim as agreed upon between the CNMI Department of Finance and the United States Treasury. By applying for the ACTC refund and allowing it to be processed by the Division of Revenue and Taxation, you are giving the Division of Revenue and Taxation authorization to release tax information to the Internal Revenue Service (IRS). See Supplemental Instructions for Part F, line 2 regarding rebate offset amount.

<b>1</b>	Additional Child Tax Credit. Enter the amount from line 13 of Schedule 8812 . . . . .	<b>1</b>	
<b>2</b>	Enter the amount due from line 1, Part E above . . . . .	<b>2</b>	
<b>3</b>	Additional Child Tax Credit refund. Subtract line 2 from line 1, but not less than zero . . . . .	<b>3</b>	
<b>4</b>	Amount you still owe. If line 2 is greater than line 1 Subtract line 1 from line 2, otherwise enter zero . . . . .	<b>4</b>	

**PART G Refundable Education Tax Credit (attach Form 8863)**

<b>1</b>	Enter the amount from Form 8863, Line 8 . . . . .	<b>1</b>	
<b>2</b>	Enter amount still owed from line 4, Part F above . . . . .	<b>2</b>	
<b>3</b>	Education Credit refund. Subtract line 2 from line 1, but not less than zero . . . . .	<b>3</b>	
<b>4</b>	Amount you still owe. If line 2 is greater than line 1 Subtract line 1 from line 2, otherwise enter zero . . . . .	<b>4</b>	

Third Party Designee	Do you want to allow another person to discuss this return with the Division of Revenue and Taxation? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
	Designee's name	Phone no. ( )	Personal Identification Number (PIN)	<input type="text"/>
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.			
	Your signature	Date	Your occupation in the CNMI	Daytime phone no. ( )
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶			Firm's EIN ▶
	Firm's address ▶			Phone no.



**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**



Form **OS-3405A** (For Form 1040NR-CM) See instructions

**2017**

<b>Please Type or Print in Ink</b>	Your first name and initial	Last name	Social security number
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Home address (number and street)	Apt. No.	<b>▲ IMPORTANT ! ▲</b> You must enter your SSN(s) above
	City, town or post office, state, and ZIP code		

**PART A - Non-refundable Credits**

1 Wage and salary tax and earnings tax . . . . .	<b>1</b>			
2 Business gross revenue tax . . . . .	<b>2</b>			

Name	Tax ID No.			
a)		a)		
b)		b)		
c)		c)		

3 User fees paid . . . . .	<b>3</b>			
4 Fees and taxes imposed under 4CMC §2202(e) . . . . .	<b>4</b>			
5 Total non-refundable credits (add lines 1 through 5) . . . . .	<b>5</b>			

**PART B - Rebate Computation**

6 Total NMTIT . . . . .	<b>6</b>			
7 Total NMTIT payments made . . . . .	<b>7</b>			
8 Total non-refundable credits (enter amount from line 5, Part A) . . . . .	<b>8</b>			
9 <b>Rebate Base</b> (adjusted CNMI source tax). Subtract line 8 from line 6. If zero or less, enter -0) . . . . .	<b>9</b>			
10 NMTIT overpayment (If line 7 is greater than line 9, subtract line 9 from line 7, otherwise, enter -0-) . . . . .	<b>10</b>			
11 NMTIT underpayment (If line 9 is greater than line 7, subtract line 7 from line 9, otherwise, enter -0-) . . . . .	<b>11</b>			
12 <b>Rebate offset amount.</b> Calculate this amount as determined by the rebate base (line 9) using the rebate table provided in Part B of the instructions . . . . .	<b>12</b>			

<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the Division of Revenue and Taxation? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
	Designee's name	Phone no. ( )	Personal Identification Number (PIN)	
<b>Sign Here</b>	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.			
Keep a copy of this return for your records.	Your signature	Date	Your occupation in the CNMI	Daytime phone no. ( )
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶	Firm's EIN ▶		
	Firm's address ▶	Phone no.		

**Instructions for Form OS-3405A -Computation of Non-Refundable Credit and Application for Rebate on CNMI Source Income Tax 2017**

**PART A NON-REFUNDABLE CREDITS**

1. Enter the wage and salary tax and earnings tax as shown on line 3, Part C of the Annual Wage and Salary and Earnings Tax Return.
2. Enter the amount of business gross revenue tax paid or accrued during the taxable year under 4 CMC Chapter. For partners enter your share of BGRT in the partnership as applicable. If you have more than one business name, list each one separately with its respective TIN and amount of BGRT. This is the tax under 4 CMC §1301.
3. Enter the amount of user fees paid during the taxable year under 4 CMC §1421.
4. Enter the amount of fees and taxes paid or accrued during the taxable year under 4 CMC §2202(h), in lieu of the tax under 4 CMC §1301.
5. Add all amounts shown in lines 1 through 5. This is your total non-refundable credit.

**PART B REBATE COMPUTATION**

6. Enter the tax as shown on line 61 of Form 1040NR-CM.
7. Enter the total payments made for the taxable year as shown on line 71 of Form 1040NR-CM.
8. Enter the total non-refundable credits from line 5, part A.
9. Subtract line 8 from line 6. If zero or less, enter zero.
10. If line 7 is greater than line 9, subtract line 9 from line 7, otherwise, enter zero.
11. If line 9 is greater than line 7, subtract line 7 from line 9, otherwise, enter zero.
12. Calculate the rebate offset amount as determined by the rebate base (line 9) using the rebate table below. Enter the result here.

REBATE TABLE		
IF REBATE BASE (line 9) IS:	THE REBATE OFFSET AMOUNT IS:	EXAMPLE:
Not over \$20,000 ▶	90% of the rebate base ▶	Rebate base X 90%
\$20,001-\$100,000 ▶	\$18,000 plus 70% of the rebate base over \$20,000 ▶	Rebate base - 20,000 X 70% + 18,000
Over \$100,000 ▶	\$74,000 plus 50% of the rebate base over \$100,000 ▶	Rebate base - 100,000 X 50% + 74,000

If filing by mail, please send to: **DIVISION OF REVENUE AND TAXATION  
POST OFFICE BOX 5234 CHR  
SAIPAN, MP 96950**

**DEADLINE: APRIL 16, 2018**