

DIVISION OF REVENUE AND TAXATION COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS TERRITORIAL INDIVIDUAL INCOME TAX RETURN FOR SINGLE AND JOINT FILERS WITH NO DEPENDENTS AND CNMI SOURCE INCOME ONLY



Form 1040	EZ-CM			2009	
	Your first name and initial	Last Name			Your social security number
	If a joint return, spouse's first name and initial	Last Name		S	pouse's social security number
Name and Address	Home address (number and street). If you have a P.O. Box, see	page 9.	Apt. No.		
	City, town, or post office, state and ZIP code. If you have a for	eign address, see page 9.			IMPORTANT !
				YOU	u must enter SSN(s) above
	1 Total Wages, salaries, and tips. This should be shown in b	ox 1 of your W-2CM form(s).	Attach your W-20M form(s)	1	
	² Taxable Interest income. If the total is over \$1,500, you ca	nnot use Form 1040EZ-CM		2	
	³ Unemployment compensation in excess of \$2,400 per rec	ipient (see page 11)		3	
Income	⁴ Add lines 1,2, and 3. This is your adjusted gross inc	ome		4	
Attach Form(s)	5 If someone can claim you (or your spouse if a joint ret	urn) as a dependent, check	the applicable box(es)		
W-2CM Here	below and enter the amount from the worksheet on pa	ige 2.			
	You Spous	e			
	If no one can claim you (or your spouse if a joint return	n), enter \$9,350, if single;			
	\$18,700 if married filing jointly. See page 2 for explan	ation		5	
	6 Subtract line 5 from line 4. If line 5 is larger than line 4	4, enter -0 This is your ta	xable Income	6	
	7 NMTIT (Chapter 7) income tax witheld from box 2a of you	7			
	8 Making work pay credit (see worksheet on back)	8			
Payments	9a Earned Income Credit (EC) (see page 13)	9a			
and Tax	b Non-taxable combat pay election				
	10 Add lines 7, 8, and 9a. These are your total payment	10			
	11 Tax. Use the amount on line 6 above to find your tax				
	Then, enter the tax from the table on this line	11			
Refund or	12a If line 10 is larger than line 11, subtract line 11 from lin	e 10. This is your refund	(before rebate)	12	
Amount you Owe	13 If line 11 is larger than line 10, subtract line 10 from line	13			
Third Party	Do you want to allow another person to discuss this return with the	ne Division of Revenue and Ta	axation (see page 20)?	Yes. Comp	lete the following.
Designee			Personal Identific		
	Designee's name	Phone no	Number (PIN)		
	Under penalties of perjury. I declare that I have examined this rel and complete. Declaration of preparer (other than taxpayer) is ba			ny knowledge	and belief, they are true, correct
	Your signature	Date	Your occupation		Daytime Phone number
Sign Here Joint return? See page 6.					
keep a copy of this return for your records	Spouse's signature. If a joint return, <u>both</u> must sign	Date	Spouse's occupation		
	Preparer's signature	Date	Check if		Preparer's SSN or PTIN
Paid Preparer's			self-employed		
Use Only	Firm's name (or yours if self-employed) and address and Zip Code	EIN	I		
				Pho	ne No.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 36.

Form 1040EZ-CM (2009)

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	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.							
	A. Amount, if any, from line 1, page 1							
	+ <u>300.00</u> Enter total ►	A						
		950.00						
	B. Minimum standard deduction	в						
		-						
	C. Enter the larger of line A or line B here	C						
Worksheet for	D. Maximum standard deduction. If single, enter \$5,700; if married filing jointly,							
dependents	enter \$11,400	D						
who checked								
one or both	E. Enter the smaller of line C or line D here. This is your standard deduction	E						
boxes								
on line 5.	F. Exemption amount.							
on line 5.	 If single, enter -0- If married filling jointly and 	E						
		г						
	 both you and your spouse can be claimed as dependents, enter -0- only one of you can be claimed as a dependent, enter \$3,650. 							
	G. Add lines E and F. Enter the total here and on line 5, page 1	C						
		0						
	If you did not check any boxes on line 5, enter on line 5 the amount shown below that applies to you.							
	 Single, enter \$9,350. This is the total of your standard deduction (\$5,700.00) and your exemption (\$3,650.00). 							
	Married filing jointly, enter \$18,700.00. This is the total of your standard deduction (\$11,400.00), your exemption							
	(\$3,650.00), and your spouse's exemption (\$3,650.00).							
	Before you begin: If you can be claimed as a dependent on someone else's return, you do not qualify for this credit.							
	If married filing jointly, include your spouse's amounts with yours when completing this worksheet.							
	1a. Important. See instructions on page 12 if your wages include pay for work performed while an inmate in a penal institution, or fellowship grant not reported on Form W-2CM	a scholarship or						
	Do you (and your spouse if filing jointly) have 2009 wages of more than \$6,451 (\$12,903) if filing jointly)?							
	Yes. Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.							
	No. Enter your earned income (see instructions) 1a.							
	1b. Nontaxable combat pay included on line 1a							
	(see instructions)							
	2. Multiply line 1a by 6.2% (.062)							
	3. Enter \$400 (\$800 if married filing jointly)							
Worksheet for	4. Enter the smaller of line 2 or line 3 (unless you checked "Yes"on line 1a.)							
	5. Enter amount from line 4 (on front)							
line 8 - Making	6. Enter \$75,000 (\$150,000 if married filing jointly)							
work pay	7. Is the amount on line 5 more than the amount on line 6?							
credit	No. Skip line 8. Enter the amount from line 4 on line 9 below							
	Yes. Subtract line 6 from line 5 7							
	8. Multiply line 7 by 2% (.02)							
	9. Subtract line 8 from line 4. If zero or less, enter zero							
	^{10.} Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2009? You							
	may have received this payment if you received social security benefits, supplemental security							
	income, railroad retirement benefits, or veterans disability compensation or pension benefits							
	(see instructions).							
	No. Enter -0- online 10.							
	Yes. Enter the total of the economic recovery payments received by you (and your							
	spouse, if filing jointly). Do not enter more than \$250 (\$500 if married filing jointly) 10							
	11. Making work pay credit. Subtract line 10 from line 9. If zero or less, enter -0 Enter the							
	result here and on Form 1040EZ-CM, line 8 11							
	If filing by mail, please send to: Division of Revenue and Taxation							
Mailing your	Post Office Box 5234 CHRB							
return	Saipan, MP 96950 DEADLINE: AF	RIL 15. 2010						



For Form 1040EZ-CM

DIVISION OF REVENUE AND TAXATION COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS ANNUAL WAGE AND SALARY

(Please type or print in ink)



2009

	Your first name and initial	Last Name		Your social security number				
	If a joint return, spouse's first name and initial	Last Name			Spouse's social security number			
Name and Address	Home address (number and street).			Apt. No.	MPORTANT !			
	City, town, or post office, state and ZIP code.			<u> </u>	You must enter SSN(s) above			
	(SEE SUPPLEMENTAL INSTRUCTIONS)				<u> </u>			
				A. YOURSELF	B. SPOUSE			
Part A	1 CNMI wages and salaries from Form(s) W-2CM		1					
	2 Other CNMI wages and salaries not included in line 1							
	3 Total CNMI wages and salaries (add lines 1 and 2)		3					
Wage and	4 Amount on line 3 not subject to the wage and salary tax (atta	ach explanation)	4					
Salary tax computation	5 CNMI wages and salaries (subtract line 4 from line 3)							
	6 Annual wage and salary tax		6					
	7 Combined annual wage and salary tax (add line 6, Columns /	A and B)			. 7			
	8 Wage and salary tax withheld and/or paid (Form W-2CM)				8			
	9 Total wage and salary tax due or (overpaid) Subtract line 8 f	rom line 7. If less	s than zero, place a bra	acket around the gure	. 9			
	COMPLETE FORM OS-3405A, PAGE 4 - COMPUTATION OF I TAX BEFORE COMPLETING PART B	NON-REFUNDA	BLE CREDIT AND A	PPLICATION FOR REBAT	TE ON CNMI SOURCE			
	PART B CHAPTER 7 TAX AND REBATE OFFS	SET CALCU	LATIONS					
Part B	1 Chapter 7 tax underpayment after non-refundable credit.	Enter amount	from Form OS-3405	۸, line 5	1			
	2 Chapter 7 overpayment after non-refundable credit. Ente							
Chapter 7 tax	3 Rebate offset amount. Enter amount from Form OS-340	3 ()						
and Rebate	4 Chapter 7 liability or (overpayment) after rebate offset an				· · · · · · · · · · · · · · · · · · ·			
offset calculation	5 Tax on overpayment of credits		0 //1					
calculation	6 Estimated tax penalty							
	 7 Total Chapter 7 liability or (overpayment) (add lines 4, 5) 							
Part C								
i art o		1 Amount due or (overpaid), Chapter 2 and Chapter 7 (add line 9 of part A, and line 4 of part B)						
	If this amount is an overpayment, skip lines 2 through 4	1						
			2b					
			2c					
Combined	(d) Ir	nterest Charge	2d					
Due or	3 CHAPTER 7 : (b) F	ailure to File	3b					
(Overpayment)	(a) Enter amount underpaid (c) F	ailure to Pay	3c					
	(d) Ir	nterest Charge	3d					
	4 Total penalty and interest charges (add lines 2b, 2c, 2d, 3b,	3c, and 3d)			4			
	5 Total amount due or (overpaid), Chapter 2 and Chapter 7 (a	dd lines 1 and 4	of this part, and lines	5 and 6 of Part B)	5			
	6 If line 5 is an overpayment, enter amount you want credited	to your 2010 ES			6			
	7 Net overpayment				7			
Third Party	Do you want to allow another person to discuss this return wi	ith the Division	of Revenue and Taxa	ation?	Yes. Complete the following. No.			
Designee	Designee's name Phone no. () Personal Identification Number (PIN)							
0.	Under penalties of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than taxpayer) is based on all				wledge and belief, they are true, correct, and			
Sign Here. Keep a copy for		Date	Your occupation		Davtime phone number			
your records		Jate	Four occupation		()			
	Spouse's signature. If a joint return, BOTH must sign	Date	Spouse's occupation					
		2010						
		Date	Check if		Preparer's SSN or PTIN			
Paid Preparer's	signature self-employed							
use only	Firm's name (or yours if self-employed) address				EIN			
	and zip	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 (1040EZ-CM)

	Your first name and initial	Last name	Your social s	security number
Name and	If a joint return, spouse's first name and initial	Last name	Spouse's social	l security number
Address	Home address (number and street).	Apt. No.	IMPO	RTANT !
	City, town, or post office, state and ZIP code.	You must ente	er SSN(s) above	

PART A -	Non-refundable Credits	
	Wage and salary tax. Enter amount from line 7, Part A of the Wage and Salary Tax Return	
PART B -	Rebate Computation	
1	Total NMTIT. Enter amount from line 11 of form 1040EZ-CM 1	
2	Total NMTIT payments made. Enter amount from line 10 of form 1040EZ-CM	
3	Rebate base amount. Subtract the amount in Part A, from the amount line 1 of this part. If zero or less, enter 0	
4	NMTIT overpayment. If line 2 is greater than line 3, subtract line 3 from line 2. Otherwise enter 0	
5	NMTIT underpayment. If line 3 is greater than line 2, subtract line 2 from line 3. Otherwise enter 0	
6	Rebate offset amount. Calculate this amount as determined by the rebate base (line 3) using the rebate table	
	shown below	

	REBATE TABLE	
IF REBATE BASE (line 3) 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

Sign Here. Keep a copy for your records	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		Daytime ph	aytime phone number)	
	Spouse's signature. If a join	it return, BOTH must sign	Date	Spouse's occupation				
Paid Preparer's use only	Preparer's signature		Date	Check if self-employed		Preparer's	SSN or PTIN	
	Firm's name (or yours if					EIN		
	self-employed) address and zip code			Phone no				

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. If this is a joint return, your spouse must also enter the same information, if any, 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. If this is a joint return, your spouse must also enter the same information, if any, in column B.
- 3. Add lines 1 and 2 under each column.
- 4. Enter the amount not subject to the wage and salary tax. This includes CNMI government/agency employees W-2CM box 12 code G, deductible portion of housing benefits included in line 1, etc. Attach explanation otherwise this amount will be disallowed.
- 5. Subtract line 4 from line 3 under each column. This is your total CNMI wages and salaries subject to the wage and salary tax.
- 6. Compute your tax liability on amount reported on line 5 (each column) using the wage and salary tax table below.

FROM	TO	RATE	FROM	TO	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%					

WAGE AND SALARY TAX TABLE

- 7. Add the tax on line 6, columns A and B.
- 8. Enter the total Chapter 2 tax withheld as shown in Form(s) W-2CM box 17. Also, enter 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 over payment. This is the Chapter 2 wage and salary tax due/overpayment.

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

PART B Chapter 7 tax and rebate offset

- 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 line 1 thru 3 of this part. Note that lines 2 and 3 are negative numbers. If the total on this line is less than zero, place a bracket around the figure.
- 5. Enter the lesser of the amount on line 9a 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 overpayment, place a bracket around the figure.

PART C Combined due/(overpayment)

- AMOUNT DUE/(OVERPAID). Add line 9 of Part A and line 4 of Part B. If this line shows a tax due and you filed on or **BEFORE** the deadline, continue on line 5. HOWEVER, if this line shows a tax due and you filed **AFTER** the deadline, proceed to line 2a. If this is an overpayment, place a bracket around your figure and continue on line 5.
 (a) Enter the lesser of line 9, Part A or line 1 of this part. However, if line 9 is zero or less enter zero and continue on line 3.
 - (a) Enter the lesser of line 9, Part A or line 1 of this part. However, if line 9 is zero or less enter zero and continue on line 3.
 (b) Failure to File Penalty for Chapter 2 taxes: For returns filed after the due date, a penalty of 5% of amount due (line 2a) shall be added for every month or fraction thereof, elapsing between the due date of this return until the date it is actually filed; not exceeding 25% in the aggregate. If the failure to pay penalty becomes applicable, the 5% failure to file penalty shall be reduced by 1/2 of 1%. Enter the total Chapter 2 failure to file penalty on this line.

(c) **Failure to Pay Penalty for Chapter 2 taxes**: A penalty of 1/2 of 1% per month, or fraction thereof, of the amount due (line 2a) shall be added for failure to pay taxes. Enter the total Chapter 2 failure to pay penalty on this line.

(d) **Interest on Chapter 2 taxes**: Interest at prevailing rate compounded daily, is imposed on the amount due (line 2a, 2b and 2c). Enter the total Chapter 2 interest on this line. (Note: The annual interest rate is subject to change as determined by the Commissioner). The applicable interest table is available at the Division of Revenue and Taxation. The Division of Revenue and Taxation can compute the interest charges and bill you on it.

3. (a) If line 1 is a tax due, subtract line 2a from line 1.

(b) **Failure to File Penalty for Chapter 7 taxes**: A penalty of 5% is imposed of the net amount due (line 3a) up to one month, with an additional 5% for every additional month or fraction thereof, up to a maximum of 25%. If the failure to pay penalty becomes applicable, the 5% failure to file penalty shall be reduced by 1/2 of 1%. Enter the total Chapter 7 failure to file penalty on this line.

(c) **Failure to Pay Penalty for Chapter 7 taxes**: A penalty of 1/2 of 1% per month, or fraction thereof, of the amount due (line 3a) shall be added for failure to pay taxes. The aggregate amount shall be limited to a maximum of 25%. Enter the total Chapter 7 failure to pay penalty on this line.

(d) **Interest on Chapter 7 taxes:** Interest at prevailing rate compounded daily, is imposed on the amount due (line 3a, 3b and 3c). Enter the total Chapter 7 interest on this line. (Note: The annual interest rate is subject to change as determined by the Commissioner). The applicable interest table is available at the Division of Revenue and Taxation. The Division of Revenue and Taxation can compute the interest and bill you on it.

- 4. Add lines 2b, 2c, 2d, 3b, 3c and 3d. This is the total penalty and interest charges applicable to Chapter 7 and Chapter 2 taxes.
- 5. Add lines 1 and 4 (if any) of this part, and lines 5 and 6 of Part B. If it is a tax due, <u>make your check payable to</u>: "CNMI Treasurer". This is the combined due/overpayment for Chapter 7 and/or Chapter 2 taxes. If it is an overpayment, place a bracket around your figure and proceed to line 6.
- **6.** Enter amount of overpayment on line 5, you want applied to your 2010 ESTIMATED TAX.
- 7. Amount you want refunded. Add lines 5 and 6 of this part. This is the combined overpayment for Chapter 2 and Chapter 7 refund/rebate.