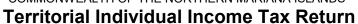


Department of Finance COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS





Form 1 ()40	A-CM							20	15	For official us	e only		
Your firs	t nan	ne and initial				Last name Your social security number 1							umber	
If a joint	retur	n, spouse's first name a	and initial			Last name Sp						Spouse's s	social security	number
Home ad	dress	s (number and street). l	If you have a P.O.	box, see inst	ructi	ions.			Ap	t. No.			ke sure the	
City, tow	n, or	post office, state and Z	ZIP code. If you ha	ive a foreign	add	lress, see insti	ructions.		•				ove and on li	ne 6c
Foreign	count	ry name		Foreign	n pro	ovince/state/co	ounty		For	eign post	al code			
Filing status Check only one box.	1 ☐ Single 2 ☐ Married filing jointly (even if only one had income) 3 ☐ Married filing separately. Enter spouse's SSN above and full name here 5 ☐ Qualifying widow(er) with descriptions.						rson is a ch	nild but no	your depend	dent,				
Exemptions	6a[b[Yourself. If someon Spouse	ne can claim you a	s a depender	nt, d o	o not check b	ox 6a				!	},	No. of boxes checked on 6a and 6b	
If more than five dependents,		c Dependents: (1) First name Last name			(2)Dependent's social security number		(3) Dependent's relationship to you		(4) √If child und 17 qualifying for c credit (see instruc		er age hild tax etions)	No. of children on 6c who: lived with you did not live wit you due to divo	h	
see instructions												_	or separation (see instruction Dependents on not entered abo	6c
	ď	Total number of exemp	otions claimed										Add numbers on lines above	
			SOURCI	E OF INC	ON	1E		I	NCOME Y	WITHOUT		B. WITHIN	C. TOTAL IN	СОМЕ
Income	7	Wages, salaries, tips, etc.	Attach Forms W-2 a	and W-2CM.				7						
Attach Form(s) W-2 and W-2CM here. Also	b 9a	Taxable interest. Attack Tax-exempt interest. Do Ordinary dividends. Attack Qualified dividends (see				3a 9a					-			
attach Form(s)	10 11a	10 Capital gains distributions (see instructions).				10 Ib Taxable amount								
1099-R	12a	distributions. 11a Pensions			12b	(see instruction Taxable amoun	ns). 1							
If you did	13	and annuities 12a Unemployment compens	sation and Alaska Per	rmanent Fund		(see instruction		2b 13						
not get a W-2 and/ or W-2CM,			sation and Alaska I Ci			Taxable amous	nt							
see instructions	15a	15a Add amounts shown in all columns for lines 7 through 14b. This is your total income. 15a												
	15b	15b Allocable percentage. See supplemental instructions. 15b							%		%	100)%	
Adjusted gross	16 17 18	Educator expenses (see i IRA deduction (see instr Student loan interest ded	uctions).	ns).						16 17 18				
income	19 20	Add lines 16 through 19.		l adjustments	s.					19		20		

Form **1040A-CM** (2015)

		(== (==)							
Tax, Credits,	22	Enter the amount from line 21 (adjust	ed gross in	come)			22		
and Payments		Check if: You were born before Spouse was born before	e January 2	2, 1951 Blind.	}		23a		
	b	If you are married filing separately an	d your spo	use itemizes dedu	ctions, check	here.	23b		
Standard deduction for	24	Enter your standard deduction.	24						
 People who check any 						25			
box on line 23a or 23b or	26	Exemptions. Multiply \$4,000 by the	number on	line 6d.			26		
who can be claimed as	27	Taxable income. Subtract line 26 from	m line 25.	If line 26 is more	than line 25,	enter - 0	27	1	
dependent, see	28	Tax, including alternative minimum to	ax (see inst	ructions).			28	3	
instructions. • All others:	29	Excess advance premium tax credit re	payment.	Attach Form 8962	•		29		
	30	Add lines 28 and 29.					30		
Single or Married filing	31	Credit for child and dependent care ex	penses. A	ttach Form 2441.		31			
Separately, \$6,300	32								
Married filing	33	Education credits from Form 8863, lin		10 10,		33			
jointly or Qualifying		Retirement savings contributions cred		Earn 9990					
widow(er) \$12,600	34					34			
Head of	35	Child tax credit. Attach Schedule 881				35	24		
household \$9,250	36	Add lines 31 through 35. These are y			0		36		
	37	Subtract line 36 from line 30. If line 3					37		
	38	Health care: individual responsibility		ctions). Full-year	coverage.		39		
	39	Add line 37 and line 38. This is your		1.1000		40-	3)		
	_	Federal income tax withheld from For				40a			
	<u>b</u>	Total NMTIT (chapter 7) withheld fro				40b			
If you have a	41	2015 estimated tax payments and amo	unt applied	from 2014 return.		41			
If you have a qualifying	42a	· ,	421			42a			
child, attach	b	Nontaxable combat pay election.	42b						
Schedule EIC	43	Additional child tax credit. (see suppl	emental ins	structions).		43			
-	44								
	45	Net premium tax credit. Attach Form 8962.							
	46	Add lines 40a, 40b, 41, 42a, and 45.	These are yo	our total paymen	ts.		46		
Refund	47	If line 46 is more than line 39, subtract non-refundable credit and rebate offset	47						
	48	Amount of line 47 you want refunded to	48						
	49	Amount of line 47 you want applied to	your 2016	estimated tax. (se	e page 3, part	t E, line 2)	49		
Amount	50	Amount you owe. Subtract line 46 from line 39. This is the amount you owe before the non-refundable credit and rebate offset (see additional instructions on page 5, Part E of the supplemental instructions.							
you Owe	51	1 Estimated tax penalty. (See part D, line 6 of the Annual Wage and Salary and Earnings Tax Return [page 3]).							
Third Book	Do you	u want to allow another person to discuss this	return with the	e Division of Revenue	and Taxation (see instructions)?	Yes. Complet	te the following. No	
Third Party Designee	Desigr	nee's name		Phone nol	()	Persona number	I Identification (PIN)		
Sign here	are tr	er penalties of perjury, I declare that I have exa rue, correct, and accurately lists all amounts a mation of which the preparer has any knowled	nd sources o						
Joint return? See instructions		signature		Date	Your occupation	on	Daytime phone no	umber	
Keep a copy for your records	Spous	se's signature. If a joint return, BOTH must sig	n	Date	Spouse's occu	pation			
Paid	Print/t	ype preparer's name	Preparer's s	signature		Date	Check if self-employed	PTIN	
preparer	Firn	n's name					Firm's EIN ▶		
use only	Firm	Firm's address ▶					Phone no.		



Department of Finance
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS



Annual Wage and Salary and Earnings Tax Return

(Please type or	· print in ink)				20	015
our first nan	ne and initial	Last name		Yours	social security r	number
f a joint retur	n, spouse's first name and initial	Last name		Spouse	's social securit	y number
Home addres	ss (number and street).	<u> </u>	Apt. No.			
City town or	post office, state, and ZIP code.				PORTAN t enter SSI	T! N(s) above
Sity, town or	post office, state, and zin code.			•		
See Form	1040A-CM supplemental instructions booklet)					
PART A	WAGE AND SALARY TAX COMPUTATION		A. You	B. S	pouse	
	1 CNMI wages and salaries from Form(s) W-2 and W-2CM	1				
	2 Other CNMI wages and salaries not included in line 1	2				
	3 Total CNMI wages and salaries (add lines 1 and 2)	3				
	4 Amount on line 3 not subject to the wage and salary tax (at	ttach explanation)4				
	5 CNMI wages and salaries (subtract line 4 from line 3)	5				
	6 Annual wage and salary tax	6				
PART B	EARNINGS TAX COMPUTATION		A. You	B. S	pouse	
	1 Interest	1				
	2 Dividends	2				
	3 Capital gains reported on line 10, Form 1040A-CM. (See ins	structions)3				
	4 Total income. Add lines 1, 2 and 3	4	,			
	5 Annual earnings tax	5				
PART C	CHAPTER 2 COMBINED TAX DUE OR (OVERPA)	YMENT)	A. You	B. S	pouse	
	1 Wage and salary tax and earnings tax for yourself and spouse	1				
	2 Education tax credit for yourself and spouse (attach Schedule ETC)) 2				
	3 Tax after education tax credit. Subtract line 2 from line 1. If line 2 is g	greater, enter zero3				
	4 Combine the wage and salary tax and earnings tax. Add line 3 colur	ımns A and B		4		
	5 Enter total wage and salary tax and earnings tax withheld and paid i	in 2015		5		
	6 Combined wage and salary tax and earnings tax due or overpa	aid. Subtract line 5 from li	ne 4. If negative,			
	enclose with parenthesis		<u> </u>	. 6		
OMBI ETE	FORM OF A MATA DEFORE COMPLETING DADED					
PART D	FORM OS-3405A BEFORE COMPLETING PART D CHAPTER 7 TAX AND REBATE OFFSET CALCUI	I ATIONS				
AITI D	1 Chapter 7 tax underpayment after non-refundable credit (amount fro			1		
	Chapter 7 overpayment after non-refundable credit (enter amount from the content of the con	,		/		
	3 Rebate offset amount (enter amount from Form OS-3405A, line 12)			,		/
	4 Chapter 7 liability or (overpayment) after rebate offset amount (add lines 1	,				
		, ,	·			
	7 Total Chapter 7 liability or (overpayment) (add lines 4, 5 and 6)			/		
PART E	TOTAL DUE OR (OVERPAYMENT)					
	1 Total amount due or (overpaid). Add line 6 of PART C and line 7 of	of PART D		1		
	2 If line 1 is an overpayment, enter amount you want credited to you	ır 2016 estimated tax		. 2		
	3 Net (overpaid). Add lines 1 and 2 of this part. This is your refu			. 3		
	(

PART F - Additional Child Tax Credit Computation 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.

2 Enter 3 Addit	tional Child Tax Credit. Enter r the amount due, if any, from line tional Child Tax Credit refund. So unt you still owe after offset of th	e 1, Part E, page 3 ubtract line 2 from line		than zero				2 . 3	
	i - Refundable America			ct line 1 from fine .	z, but not le	ess man zero	•	· 4	
2 Enter is an 3 Refu	r the amount from line 4, Part F al underpayment	bove if applicable. Othe	rwise, enter ar e 2 from line 1	nount from line 1, 1	Part E of page	ge 3 if this a	mount · ·	. 2	
Third Party	Do you want to allow another pers	on to discuss this return with	h the Division of	Revenue and Taxation	า?		Yes. Comp	plete the following.	No
Designee	Designee's name		Phone nol()		onal Identificati ber (PIN)	on		
Sign Here	Under penalties of perjury, I declar are true, correct, and complete. De								f, they
Keep a copy	ignature y		Date	Your occupation			Daytime (phone number	
records	Spouse's signature. If a joint return	n, BOTH must sign	Date	Spouse's occupation	on				
Paid	Print/type preparer's name	Preparer's	signature		Date		c if mployed	PTIN	
Preparer Use Only	Firm's name	·				Firm's	irm's EIN		
	Firm's address Phone no.								



Department of Finance





Computation of Non-refundable Credit and Application for Rebate on CNMI Source Income Tax

orm O	S-3405A (Attach to Form 1040A-C	M) (SE	EE INSTRUCTION	ONS)				4	2015
Your fir	rst name and initial		Last na	me			Your so	cial secu	rity number
If a join	t return, spouse's first name and initial		Last na	me		S	Spouse's s	social sec	curity numbe
Home a	ddress (number and street).				Apt. no.		A IM	PORT.	ANTI
City, to	wn, or post office, state and ZIP code.						Yo	ou must SN(s) a	enter
PAR	T A - Non-refundable Credits								
1	Wage and salary tax and earnings tax					1			
PAF	RT B - Rebate Computation								
2	Allocable percentage:								
	a Tax without the CNMI 2a	%							
	b Tax within the CNMI 2b	%							
3	Total NMTIT on all sources			3					
	Total NMTIT payments made								
	Tax on sources without CNMI (multiply line			L		5			
	Tax on sources within CNMI (multiply line 3		-						
	Total non-refundable credits (enter amount f		-	· •		-			
	Adjusted CNMI source tax (subtract line 7 fi			L		Q			
	Total CNMI and NON-CNMI source tax after					-			
	NMTIT overpayment (If line 4 is greater that					10			
	NMTIT underpayment (If line 9 is greater that					11			
	Rebate offset amount. Calculate this amount				wise, enter 0)	12			
12	Redate offset amount. Calculate this amoun	it as deteri	illied by the ret	Date base (fille 8)		12			
rd ty	Do you want to allow another person to discuss the	nis return wit	h the Division of R	levenue and Taxation		_	es. Comple	te the follo	wing.
signee	Designee's name		Phone nol()	Personal lo Number (P		1		
n Here	Under penalties of perjury, I declare that I have ex are true, correct, and complete. Declaration of pre		than taxpayer) is				knowledg	е.	
p a copy our	ignature	Date			()	hone numl	per		
ords	Spouse's signature. If a joint return, BOTH must s	ign	Date	Spouse's occupation	on				
	Print/type preparer's name	Preparer's	L s signature	<u> </u>	Date	Check	□ if F	PTIN	
id						self-em			
eparer e Only	Firm's name	1			I	Firm's E	EIN		
,	Firm's address					Phone r	20		

Deadline: April 15, 2016 Page 5

Form OS-3405A Instructions 2015 for Form 1040A-CM Computation of Non-refundable Credit and Application for Rebate on CNMI Source Income Tax

PART A Non-refundable Credits

1. Enter the wage and salary tax and earnings tax as shown on line 4, part C, of the Annual Wage and Salary and Earnings Tax Return.

PART B Rebate Computation

- 2a. Enter the percentage (allocable ratio) of tax without the CNMI. This should be the percentage shown on line 15b, column A, page 1 of Form 1040A-CM.
- 2b. Enter the percentage (allocable ratio) of tax within the CNMI. This should be the percentage shown on line 15b, column B, page 1 of Form 1040A-CM.
- 3. Enter the tax as shown on line 39, page 2 of Form 1040A-CM.
- 4. Enter the total payments made for the taxable year as shown on line 46, page 2 of Form 1040A-CM.
- 5. Multiply the amount on line 3 by the percentage of tax without the CNMI as shown on line 2a.
- 6. Multiply the amount on line 3 by the percentage of tax within the CNMI as shown on line 2b.
- 7. Enter the total non-refundable credits from line 1, part A.
- 8. Subtract line 7 from line 6. If zero or less, enter zero.
- 9. Add lines 5 and 8.
- 10. If line 4 is greater than line 9, subtract line 9 from line 4, otherwise enter zero.
- 11. If line 9 is greater than line 4, subtract line 4 from line 9, otherwise, enter zero.
- 12. Compute the amount on line 8 as shown on the rebate table below.

	REBATE TABLE	
If the Rebate Base (line 8) is:	The Rebate Offset Amount is:	Example:
Not over \$20,000	90% of the Rebate Base	Rebate Base x 90%
\$20,000 to \$100,000	\$18,000 plus 70% of Rebate Base over \$20,000	Rebate Base - \$20,000 X 70% plus \$18,000



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS Post Office Box 5234 CHRB, Saipan, MP 96950 Tel. (670) 664-1000



2015 Supplemental Instructions

Form 1040A-CM

Use in Conjunction with the 2015 Internal Revenue Service (IRS) Form 1040A Instruction.

- > Wage and Salary Tax and Earnings Tax
- > Additional Child Tax Credit (Schedule 8812)
- > Refundable American Opportunity Credit (Form 8863)

Form 1040A-CM Supplemental Instructions

Lines 7 through 14b (Instruction pages 23 thru 27)

The rules for the determination of source of income are established in the Northern Mariana Territorial Income Tax Code ("NMTIT") sections 861 through 865 and associated U.S. Treasury regulations. Taxpayers and/or professionals should consult these statutes and regulations for detailed guidance on determining sources of income. You must allocate the income you are reporting on these lines between income without and within the Commonwealth based on their sources. Enter your figure in the appropriate columns.

Line 8a (Instruction page 24)

The tax on CNMI sourced interest income is not subject to rebate and must be entered under column A unless you elect to have this income subject to the earnings tax. You can elect to have this income subject to the earnings tax by entering the income under column B. If you enter the interest income under column B, you must include such income in the earnings tax section on page 3, Part B of the return to avoid any discrepancies on your tax return.

Line 9a (Instruction page 24)

The tax on CNMI sourced dividend income is not subject to rebate and must be entered under column A unless you elect to have this income subject to the earnings tax. You can elect to have this income subject to the earnings tax by entering the income under column B. If you enter the dividend income under column B, you must include such income in the earnings tax section on page 3, Part B of the return to avoid any discrepancies on your tax return.

Line 15a

Total the figures entered in each of the columns (A, B, and C) from lines 7 through 14b.

Line 15b

Make the percentage allocation of your income on line 15a by dividing the total in each column (A and B) by the total in column C.

Example: Percentage allocation for line 15b, column A

Line 15a, column A

Line 15a, column C

= Percentage allocation for line 15b, column A

Percentage allocation for line 15b, column B

Line 15a, column B

Line 15a, column C

= Percentage allocation for line 15b, column B

Line 21

Subtract line 20 from line 15a, column C (total income).

Line 40a

Total Federal Income Tax withheld (from Form(s) W-2 and/or Form(s) 1099 from without CNMI only). **Do not** include this amount on line 40b.

Line 40b

Total NMTIT withheld (chapter 7 tax from Form(s) W-2CM and/or Form(s) 1099 from within CNMI only). **Do not** include this amount on line 40a.

Line 43

Claim the additional child tax credit (ACTC) in Part F, page 4 of this return. Attach Schedule 8812.

Line 44

Claim the Refundable American Opportunity Credit (RAOC) in Part G, page 4 of this return. Attach Form 8863.

Line 46

Total payments add lines 40a, 40b, 41, 42a & 45.

Lines 47 and 48

The amount overpaid on this line is subject to adjustment that may result from allowable non-refundable credit. See instructions for Part E, line 3.

Line 50

The amount owed on this line is subject to adjustment that may result from allowable non-refundable credit. See instructions for Part E, line 1.

Line 51

Leave this blank. See instructions for Part D, line 6.

Instructions for Form 1040A-CM Wage and Salary Tax, Earnings Tax, and Chapter 7 Tax and Rebate Offset Calculations

PART A Wage and Salary Tax Computation (For a joint return, enter spouse information in column B)

- 1. Enter total wages and salaries received for work performed in the CNMI per Form(s) W-2 and/or W-2CM box 16.
- 2. Enter other wages and salaries received for work performed in the CNMI if W-2 and/or W-2CM were not issued or received. i.e., tips and freelance income, etc.
- 3. Add lines 1 and 2 under 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 under each column. This is your total CNMI wages and salaries subject to the wage and salary tax.
- 6. Compute the wage and salary tax on the amount reported on line 5 for each column using the wage and salary and earnings tax table below.

TAX TABLE FOR WAGE AND SALARY AND EARNINGS TAX COMPUTATION

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%			

PART B Earnings Tax Computation (If you are filing a joint return, enter spouse information in column B)

- 1. Enter the interest income reported on line 8a, column B, page 1 of your income tax return.
- 2. Enter the dividend income reported on line 9a, column B, page 1 of your income tax return.
- 3. Enter the amount shown on line 10, column B, page 1 of Form 1040A-CM.
- 4. Add lines 1, 2, and 3 in each column.
- 5. Compute your earnings tax on the amount reported on line 4 for each column using the wage and salary and earnings tax computation table on page 3.

PART C Total Chapter 2 (Wage and Salary and Earnings Tax) Due or Overpayment

- 1. Enter in column A, the total of Part A line 6, column A and Part B line 5, column A. Also, enter in column B the total of Part A line 6, column B and Part B line 5, column B.
- 2. Enter in column A the amount of cash contributions made during the taxable year to a qualified educational institution or other tax exempt educational institution located in the CNMI. If this is a joint return and your spouse made cash contributions to a qualified educational institution, enter that information in column B. Attach Schedule ETC.
 Caution: The maximum education tax credit (ETC) allowable for either column is the lesser of cash contributions or the aggregate amount of wage and salary tax, earnings tax, and business gross revenue tax liability. ETC shall not exceed \$5,000.
- 3. Subtract line 2 from line 1 in each column. If line 2 is more than line 1, enter zero. This is the Chapter 2 tax after the education tax credit.
- 4. Enter the total amount of Columns A and B, line 3. This is your combined wage and salary and earnings taxes.
- 5. Enter the total wage and salary tax withheld and paid in 2015 (Box 17 of W-2CM). Also enter any earnings tax withheld and/or paid in 2015. This is also known as Chapter 2 tax.
- 6. Combined wage and salary and earnings tax due or overpaid. Subtract line 5 from line 4. If zero or less, place parenthesis around the figure to indicate an overpayment.

COMPLETE SCHEDULE OS-3405A (APPLICATION FOR REBATE ON CNMI SOURCE TAX) BEFORE PROCEEDING TO PART D PART D Chapter 7 Tax and Rebate Offset Calculations

- 1. Enter amount from Schedule OS-3405A, line 11, Part B.
- 2. Enter amount from Schedule OS-3405A, line 10, Part B.
- 3. Enter amount from Schedule OS-3405A, line 12, Part B.
- 4. Add lines 1 through 3 of this part. Note that the amount on lines 2 and 3 are negative numbers. If the amount is less than zero, place parenthesis around the figure.
- 5. Enter the lesser of: (1) The sum of lines 42a and 45 from Form 1040A-CM Page 2, OR (2) the amount on line 2, Part D Chapter 7 Tax and Rebate Offset Calculations on page 3.

- 6. To figure your estimated tax penalty on Form 2210, substitute the tax underpayment amount with the amount shown on line 1 of this part. If Form 2210 is attached, "check" the box. If you want the CNMI Division of Revenue and Taxation to compute this penalty for you, write "REVTAX" on the left side of this line. We will adjust your overpayment or bill you later for this amount.
- 7. Add lines 4, 5 and 6. This is your total Chapter 7 (NMTIT) liability or overpayment. **NOTE:** Line 4 may be a negative number.

PART E Combined Due or (Overpayment)

1. Amount due or (overpaid). Add line 6 of Part C and line 7 of Part D. If the amount is less than zero, enclose in parenthesis () to indicate overpayment and continue to the next line.

If there is an amount due:

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.

- 2. Enter the amount of overpayment from line 1 of this part you want **applied to your 2016 estimated tax.** The allowable amount should be less than or equal to the amount on line 1, Part E above.
- 3. Add lines 1 and 2 of this part. This is your refund/rebate.

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 pay penalties and interest have been paid.

PART F Additional Child Tax Credit (ACTC) Attach Schedule 8812

Skip this part if you are not claiming this credit

- 1. Enter the amount of your Additional Child Tax Credit from Schedule 8812, line 13. Attach Schedule 8812 to this return.
- 2. If line 1, Part E, page 3 is an underpayment, enter the amount on this line. Otherwise enter zero. If you enter the amount as requested, you are authorizing an offset of your tax due on this return against your ACTC. If you do not authorize an offset of your tax due, you must pay the amount shown on line 1, Part E, page 3.
- 3. If line 1 is greater than line 2, subtract line 2 from line 1. This is your ACTC refund after offset.
- 4. If line 2 is greater than line 1, subtract line 1 from line 2. This is the amount you still owe after ACTC offset. Pay this amount unless you are claiming RAOC in Part G below.

PART G Refundable American Opportunity Credit (RAOC) Attach Form 8863

Skip this part if you are not claiming this credit

- 1. Enter the amount of your refundable RAOC from Form 8863, line 8. Attach Form 8863 to this return.
- 2. Enter amount from line 1, Part E, page 3 if this is an underpayment or line 4, Part F above if applicable. Otherwise enter zero. If you enter the amount as requested, you are authorizing an offset of your tax due on this return against your RAOC. If you do not authorize an offset of your tax due, you must pay the amount shown on line 4, Part F above or the amount on line 1, Part E, Page 3.
- 3. If line 1 is greater than line 2, subtract line 2 from line 1. This is your RAOC refund after offset.
- 4. If line 2 is greater than line 1, subtract line 1 from line 2. This is the amount you still owe after RAOC offset. Pay this amount. Otherwise, enter zero.

Filing and Deadline

If filing in person deliver return to any Revenue and Taxation Offices:

Saipan Central Office Division of Revenue and Taxation Joeten Dandan Commercial Building San Vicente, Saipan Rota District Office Division of Revenue and Taxation Songsong Village, Rota Tinian District Office Division of Revenue and Taxation San Jose Village, Tinian

If filing by mail, send to:

Saipan Central Office Division of Revenue and Taxation P.O. Box 5234 CHRB Saipan, MP 96950 Rota District Office Division of Revenue and Taxation P.O. Box 1406 Rota, MP 96951 Tinian District Office
Division of Revenue and Taxation
P.O. Box 449
Tinian, MP 96952

Filing Deadline: April 15, 2016