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PC Box 00000 Setup: State State <td>lf joint return, spo</td> <td>ouse</td> <td>'s first name and middle initial</td> <td></td> <td></td> <td>Last name</td> <td></td> <td></td> <td></td> <td></td> <td>Spouse's</td> <td>social security</td> <td>y number</td>	lf joint return, spo	ouse	's first name and middle initial			Last name					Spouse's	social security	y number
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Billed only If you checked the MS box, enter the name of your spouse. If you checked the HON or QSB box, enter the child a name if the child	-		🖌 Single (S) 📃 Marri	ed filing jointly (MFJ)	Married fil	ing separately ((MF	=S) 🗌 Hea	d of house	hold (HOH			ving
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Image Last name number Image Construction Image 1 <td>Age/Blindness</td> <td></td> <td>You: 🗌 Were born b</td> <td>pefore January 2, 1960</td> <td>Are bl</td> <td>ind Sp</td> <td>bou</td> <td>ise: 🗌 Wa</td> <td>as born be</td> <td>fore Janu</td> <td>uary 2, 196</td> <td>60 🗌 Is I</td> <td>blind</td>	Age/Blindness		You: 🗌 Were born b	pefore January 2, 1960	Are bl	ind Sp	bou	ise: 🗌 Wa	as born be	fore Janu	uary 2, 196	60 🗌 Is I	blind
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see instructions and check here I I I I Introductions here I I I I I Source of Income I	than four					<u>; ;</u> 	-						
and check i	see						-						
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W-2 here. Also attach Forms C Ip income not reported on line 1a (see instructions) Ip W-26M ord W-26M ord get Form d Medicaid waiver payments not reported on Form SW-2 and W-26M (see inst) Ip If you did not get Form g Wages from Form 8919, line 6 Ip Ip W-26M ord get Form g Wages from Form 8919, line 6 Ip Ip W-26M ord get Form h Other earned income (see instructions) Ip Ip W-26M ord get Form i Nontaxable combat pay election (see instructions) Ip Ip W-26M ord get Form i Nontaxable combat pay election (see instructions) Ip Ip Ip W-26M ord B Ca Tax-exempt interest Ip Ip Ip Ip i Nontaxable combat pay election (see instructions) Ip Ip Ip Ip Ip Krach Schoule B 2a b Taxable amount Ip Ip </td <td>• •</td> <td>b</td> <td>Household employee wa</td> <td>iges not reported on For</td> <td>m(s) W-2 a</td> <td>and W-2CM</td> <td>11</td> <td>o</td> <td></td> <td></td> <td></td> <td></td> <td></td>	• •	b	Household employee wa	iges not reported on For	m(s) W-2 a	and W-2CM	11	o					
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was withheld. f Employer-provided adoption benefits from Form 8839, line 29		d	Medicaid waiver payments	not reported on Forms W	-2 and W-2	2CM (see inst.)	10	d					
If you did not get Form W-2CM or W-2C, see instructions. If Ig Ig Wages from Form 8919, line 6 Ig Ig Ig W-2C, see instructions. In In In Z Add lines 1a through 1h In In In Attach Schedule B 2a Tax-exempt interest 2a In In Attach Schedule B 2a Qualified dividends In In In Attach Schedule B 2a Qualified dividends In In In In Attach Schedule B 2a Qualified dividends In In In In In In Attach Schedule B 2a Qualified dividends In		е	Taxable dependent care	benefits from Form 244	1, line 26	ine 26 1e							
get Form 9 Wages from Form S919, line 6 19 W-2CM or h Other earned income (see instructions) 11 W-2, see i Nontaxable combat pay election (see instructions) 11 Attach 2a b Taxable interest 12 Attach 2a b Taxable interest 2b Attach 3a b Ordinary dividends 3b Standard 4a IRA distributions 4a Marie of ling 5a Pensions and annuities 5a b Taxable amount 5b Standard 6a Social security benefits 6a b Taxable amount 6b 5b Maried filing 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 Maried filing 8 Additional income from Schedule 1CM, line 10 8 0 0 synviving 9a Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8 in each column. This is your total income 9b 0 % 100% * Head of household, 321, 900 11 Subtract line 10 from line 9a, column C. This is your adjusted gross income. 10 0 * Head of household, 321, 900 13 Standard deduction or itemized deductions (from Schedule A)		f	Employer-provided ado	ption benefits from Form	8839, line	e 29	11	f					
W-2, see instructions. i Nontaxable combat pay election (see instructions) 11 Attach Schedule B 2a Add lines 1a through 1h 1z 19750 19750 Attach Schedule B 2a b Tax-exempt interest if required 3a Qualified dividends 3a b 0 Standard Deduction for: 5a Pensions and annuities 5a b Taxable amount b 4b 0 Single or married filling separately S14,600 Ga b Taxable amount b 5b 0 0 Value Additional income from Schedule D if required. If not required, check here (see instructions) 7 7 0 0 Narried filling jointly or Qualifying spouse, S29,200 8 Additional income from Schedule D if required. If not required, check here (S29,200 7 19750 19750 Head of household, S21,900 10 Adjustments to income from Schedule 1CM, line 26 10 0 If you checked ary box under Standard 12 Standard deduction or itemized deductions (from Schedule A) 12 14600 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 14 14600 14		g	Wages from Form 8919,	line 6			10	g					
instructions. X Add lines 1a through 1h		h	Other earned income (se	ee instructions)	• •		11	h					
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Schedule B 2a Tax-exempt interest 2a b Taxable interest 2b if required 3a Qualified dividends 3a b Ordinary dividends 3b	Attach	z	Add lines 1a through 1	h			12	z			19750		19750
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Deduction for: Single or married filing separately \$14,600 4a b Taxable amount 4b	·	<u>3a</u>	Qualified dividends	3a	b Ordina	ary dividends	3ł	b					
 Single or married filing separately statkadd Married filing jointly or Qualifying surviving spouse, \$29,200 Head of household, \$21,900 Head of household, \$21,900 Head of household, \$21,900 If subtract line 10 from line 9a, column C. This is your adjusted gross income. If subtract line 10 from line 9a, column C. This is your adjusted gross income. If subtract line 11 from line 11. If zero or less, enter -0 This is your taxable income. If subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income. If a graduate and the state income. If subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income. If subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income. If subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income. If subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income. If subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income. If subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income. If subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income. 	Deduction	4a	IRA distributions	4a	^b Taxab	le amount	4	b					
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For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040CM (2024)	instructions					s is your taxab	le i	income .	· · ·	• •	· · 15		5150 0CM (2024)

Form 1040CM	1 (20	24)		Page 2
Tax and	16	Tax (see inst.) Check if any from Form(s): 8814 2 4972 3	16	518
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	518
	19	Child tax credit or credit for other dependents from Schedule 8812	19	0
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	0
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	518
	23	Other taxes, from Schedule 2, line 21. (See instructions)	23	
	24	Add lines 22 and 23. This is your total tax	24	518
Payments	25	Federal income tax withheld from:		
		a Form(s) W-2	-	
		b Form(s) 1099	_	
		c Other forms (see instructions)		
		d Add lines 25a through 25c	25d	
]	e NMTIT withheld from forms W-2CM and 1099 (within CNMI)	25e	0
If you have a qualifying	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	_Earned income credit (EIC)	-	
EIC.	28	Additional child tax credit from Schedule 8812 28 0	_	
	29	American opportunity credit from Form 8863, line 8 . 29		
	30	Reserved for future use. . <td>7</td> <td></td>	7	
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29 and 31. These are your total other payments and refundable credits	32	0
	33	Add lines 25d, 25e, 26, and 32. These are your total payments	33	0
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you		
Refund		overpaid. See instructions	34	0
neiuliu	35	Amount of line 34 you want refunded to you. See instructions	35	0
	36	Amount of line 34 you want applied to your 2025 estimated tax. See instructions .	36	
Amount	37	If line 24 is more than line 33, subtract line 33 from line 24. This is the amount you owe.	07	
Amount you owe		(See instructions)	37	518
-	38	Estimated tax penalty (see instructions) 38		

Form NMI-A ANNUAL WAGE AND SALARY AND	EARNINGS TAX RETURN	2024	Division of Revenue and Taxation Commonwealth of the Northern Mariana Islands
Your first name and initial	Last name		Your social security number
John L	Doe		000 00 0000
If a joint return, spouse's first name and initial	Last name		Spouse's social security number

Pa	Int A Annual wage and Salary Tax Computation	A. You	B. Spouse (if filing jointly)
1	CNMI wages and salaries from Form(s) W-2 and W-2CM	19750	
	Other CNMI wages and salaries not included on line 1	0	
3	Total CNMI wages and salaries (add lines 1 and 2)	19750	
	Amount on line 3 not subject to the wage and salary tax (attach Schedule WSD) 4	0	
5	CNMI wages and salaries (subtract line 4 from line 3)	19750	
	Annual wage and salary tax. Compute the tax on line 5. Use the tax		
Ŭ	table below. Enter the result here	988	

Part B Earnings Tax Computation	A. You B. Spouse (if filing jointly)	Attach
1 Gain from the sale of personal property	0	Form(s) W-2
2 One half of the gain from the sale of real property	0	and
3 One half of the net income from leasing of real property	0	W-2CM
4 Interest, dividends, rents, royalties	0	here. Also
5a Gross winnings from any gaming, lottery, raffle, etc.	0	attach
5b Enter amount excludable (attach Form(s) W-2G and/or W-2GCM) 5b	0	Forms W-2G.
5c Balance (subtract line 5b from line 5a)	0	and
6 Other income subject to the NMTIT, unless excludable under the earnings tax . 6	0	1099-R
7 Total income subject to the earnings tax (add lines 1 thru 4, line 5c, and 6)7	0	if tax was
8 Annual earnings tax. Compute the tax on line 7. Use the tax table below Enter the result here	0	withheld

Part C Combined Wage and Salary

	and Earnings Tax Due or Overpayment		A. You	B. Spouse (if filing jointly)
1	Wage and salary tax and earnings tax for you and your spouse 1		988	
2	Education tax credit for you and your spouse (attach Schedule ETC) 2	L	0	
3	Tax after education tax credit. Subtract line 2 from line 1. If line 2 is greater, anter zero		988	

		Combined
4	Combined wage and salary tax and earnings tax. Add line 3, columns A and B	988
5a	a Enter the total wage and salary tax withheld as shown on Form W-2CM/W-2 (see NMI-A instructions) . 5a	800
k	Enter the total chapter 2 earnings tax withheld and paid in 2024 from Form(s) 1823, line H 5b	
C	Enter the total estimated chapter 2 tax paid in 2024 from Form(s) 500-ES, line G2	
C	d Add lines 5a, 5b, and 5c	800
68	a Wage and salary tax and earnings tax due. Subtract line 5d from line 4. If zero or less enter zero . 6a	188
61	Wage and salary tax and earnings tax overpaid. Subtract line 4 from line 5d. If zero or less enter zero . 6b	0

- 1. Annual Wage and Salary Tax Part A, Line 6. Multiply the amount on line 5 by the applicable tax rate.
- 2. Annual Earnings Tax Part B, Line 8. Multiply the amount on line 7 by the applicable tax rate.

Wage and Salary and Earnings Tax Table

	From	То	Rate
(a)	0	1,000.00	0
(b)	1,000.01	5,000.00	2.0%
(c)	5,000.01	7,000.00	3.0%
(d)	7,000.01	15,000.00	4.0%
(e)	15,000.01	22,000.00	5.0%
(f)	22,000.01	30,000.00	6.0%
(g)	30,000.01	40,000.00	7.0%
(h)	40,000.01	50,000.00	8.0%
(i)	50,000.01	And and	9.0%

Application for Nonrefundable Credit and Rebate

Schedul	e (S-3405A on C	NMI Sou	rce Income Ta	ax		
	Reve	Finance Inue and Taxation of the Northern Mariana Islands					2024
Your fir John		ame and initial		Last name Doe			r social security number
If a join	retu	urn, spouse's first name and initial		Last name		Spo	ouse's social security number
Part A	Ν	on-refundable Credits					
1		Wage and salary tax and earnings tax. Enter t	he amount	from line 4, Part C	of Form NMI-A	.1	988
2		Business gross revenue tax				-	
		Name	Tax ID I	No.			
	а			а			
	b			b			
	с			с			
3		User fees paid 4 CMC §1422		3			
4		Fees and taxes imposed under 4 CMC § 2202	2(e)	4			
5		Total non-refundable credits. Add lines 1, 2a,	2b, 2c, 3 a	nd 4		5	988
Part E	3 F	Rebate Computation				-	
6		Total NMTIT on all source. Enter amount from	n line 24 of I	Form 1040CM .		6	518
7		Total NMTIT payments made. Enter amount f	rom line 33	of Form 1040CM		7	0
8		Tax on sources outside the CNMI. Multiply lin				8	0
9		Tax on sources within the CNMI. Subtract line		-		9	518

10	Rebate base. Subtract line 5 from line 9. If negative, enter zero	10	0
11	Total CNMI and non-CNMI source tax after nonrefundable credits. Add lines 8 and line 10	11	0
12	NMTIT overpayment. Subtract line 11 from line 7. If negative, enter zero	12	0
13	NMTIT underpayment. Subtract line 7 from line 11. If negative, enter zero	13	0
14	Rebate offset amount. Use the Rebate Table below to calculate this amount based on line 10 .	14	0
15	NMTIT overpayment after rebate offset. If the sum of lines 12 and 14 is greater than line 13, subtract line 13 from the sum of lines 12 and 14. Otherwise, enter zero	15	0
16	NMTIT underpayment after rebate offset. If the sum of lines 12 and 14 is less than line 13, subtract the sum of lines 12 and 14 from line 13. Otherwise, enter zero	16	0
17	Enter the sum of lines 27, 28, and 29 of Form 1040CM	17	0
18	NMTIT overpayment. If line 15 is greater than line 17, subtract line 17 from line 15. Otherwise, enter zero .	18	0
19	NMTIT underpayment. If line 15 is not greater than zero, add lines 16 and 17. Otherwise, subtract line 15 from line 17. If zero or less, enter zero .	19	0
20	On Schedule 3, subtract line 10 from line 15. Enter the result here	20	0
21	Tax on overpayment of credit. Enter the lesser of line 18 or line 20	21	0
22	Subtract line 21 from line 18	22	0
Part C	Chapter 7 Tax Due or Overpayment		
22	NIMITIT averagement. Enter the amount from line 22	22	0

NMTIT overpayment. Enter the amount from line 22 . . 23 25 24 NMTIT underpayment. Enter the amount from line 19 24 25 Estimated tax penalty. Check if Form 2210 is attached . . 25 . . . 26 Total NMTIT underpayment. Subtract line 23 from the sum of lines 24 and 25. If zero or less, enter zero 27 Total NMTIT overpayment. Subtract the sum of lines 24 and 25 from line 23. If zero or less, enter zero. 27

REBATE TABLE If rebate base (line 10) 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

Deadline: APRIL 15, 2025

0

0

0

0

Sur	mmary of Taxes Due or (Overpayment)		
Pa	rt A Combined Due or (Overpayment)		
1a	Total wage and salary and earnings tax due. Enter amount from line 6a, Part C of Form NMI-A	1a	188
b	Total wage and salary and earnings tax (overpayment). Enter amount from line 6b, Part C of Form NMI-A .	1b	(0)
2a	Total NMTIT amount due. Enter amount from line 26 of Schedule OS-3405A	2a	0
b	Total NMTIT amount (overpayment). Enter amount from line 27 of Schedule OS-3405A	2b	(0)
3	Combined wage and salary and earnings tax and NMTIT due or (overpayment). Add lines 1a, 1b, 2a, and 2b. If the amount is more than zero, skip lines 4 and 5. If the amount is less than zero, enclose the amount in parenthesis	3	188
4	Amount of line 3 (overpayment) you want applied to your 2025 estimated tax	4	
5		5	0
Pa	rt B Additional Child Tax Credit (ACTC) If you are not claiming this credit and the amount on line 3, Part A above is greater than zero, enter the amount from line 3, Part A on line 4 below.		
1	Enter the amount from line 28 of Form 1040CM, page 2	1	0
2	If the amount on line 3, Part A is greater than zero, enter the lesser of line 1 or the amount on line 3, Part A. If line 3, Part A is less than zero, enter zero	2	0
3	ACTC refund. Subtract line 2 from line 1	3	0
4	Balance after offset of the ACTC. Subtract line 2 from line 3, Part A	4	188
Pa	rt C Earned Income Credit (EIC) If you are not claiming this credit, enter the amount from line 4 Part B on line 4 bel	ow.	
1	Enter the amount from line 27 of Form 1040CM, page 2	. 1	0
2	Enter the lesser of line 1 or line 4, Part B	. 2	0
3	EIC refund. Subtract line 2 from line 1	. 3	0
4	Balance after offset of the EIC. Subtract line 2 from line 4, Part B	. 4	188
Pa	rt D American Opportunity Credit If you are not claiming this credit, enter the amount from line 4 Part C on line 4 bel	low.	
1	Enter the amount from line 29 of Form 1040CM, page 2	. 1	
2	Enter the lesser of line 1 or line 4, Part C	. 2	
3	AOC refund. Subtract line 2 from line 1	. 3	
4	Balance after offset of the AOC. Subtract line 2 from line 4, Part C	. 4	188
Pa	rt E Balance Due		
1	Enter amount from line 4, Part D above. Pay this amount	. 1	188

Part F Direct Deposit

If you want your refund deposited directly to your bank, please provide your checking or savings account information below.

IMPORTANT! To ensure the accuracy of your account number, please attach a void check or a copy of your most current checking or savings bank statement.

Your bank account must be active in order for direct deposit to be processed successfully.

1a	Account type	Savin	gs	Che	cking					
1b	Routing number >									
1c	Account number									

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.

Sign Here Joint return? See instructions	Your signature				Your occupation		
Keep a copy for your records	Spouse signature. If a joint return, both must sign		Date		Spouse's occupation		
Paid	Preparer's name	Preparer's signature		PTIN	Firm's EIN	Check if:	
Preparer's Use Only	Firm's name			Phone no.		☐ 3rd Party Designee ☐ Self-employed	
	Firm's address						

SCHEDULE EIC (Form 1040)

Department of the Treasury

Earned Income Credit

Qualifying Child Information

Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.

Go to www.irs.gov/ScheduleEIC for the latest information.

OMB No. 1545-0074

2024 Attachment Sequence No. 43

Internal Revenue Service Name(s) shown on return

John L Doe

CAUTION

Your social security number

000-00-0000

If you are separated from your spouse, filing a separate return, and meet the requirements to claim the EIC (see instructions), check here

Before you begin: • See the instructions for Form 1040, line 27, to make sure that (a) you can take the EIC, and (b) you have a qualifying child. See also Pub. 596.

- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.
- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If your child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information		Child 1		С	hild 2	Child 3		
1	Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name	Last name	First name	Last name	First name	Last name	
2	Child's SSN The child must have an SSN as defined in the instructions for Form 1040, line 27, unless the child was born and died in 2024 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2024 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.							
3	Child's year of birth	<i>younger than y</i>	05 and the child is ou (or your spouse, , skip lines 4a and	vounger than	005 and the child is you (or your spouse,), skip lines 4a and 5.	younger than	005 and the child is you (or your spouse,), skip lines 4a and 5.	
4a	Was the child under age 24 at the end of 2024, a student, and younger than you (or your spouse, if filing jointly)?	Go to line 5.	No. Go to line 4b.	Go to line 5.	No. Go to line 4b.	Go to line 5.	No. Go to line 4b.	
b	Was the child permanently and totally disabled during any part of 2024?	Go to line 5.	No. The child is not a qualifying child.	Go to line 5.	No. The child is not a qualifying child.	Go to line 5.	No. The child is not a qualifying child.	
5	Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)							
-	 Number of months child lived with you in the United States during 2024 If the child lived with you for more than half of 2024 but less than 7 months, enter "7." If the child was born or died in 2024 and your home was the child's home for more than half the time they were alive during 2024, enter "12." 	Do not enter months.	months more than 12	Do not enter months.	months	Do not enter months.	months	

For Paperwork Reduction Act Notice, see your tax return instructions.