

Form ST - Sales, Use, and Gross Receipts Tax

North Dakota Office of State Tax Commissioner

WEB



(A) ☐ Fill in this circle if this is an amended return.

☐ Fill in this circle if you are no longer in business and enter your last day of business.

(F)

Account Number

Due Date of Return

*Required (Ex: 999999 00)

/ /
M M D D Y Y Y Y

Period Ending

*Required (Ex: MM/DD/YYYY)

☐ Fill in this circle if this business has changed ownership. Provide name, address, and telephone number of new owner:

(C)

New Owner Name, Address, Phone Number

Taxpayer Name
Address
City, State, ZIP Code

☐ Fill in this circle if your address has changed.

Column A

Column B
5% Sales & Purchases

1. Total Sales (do not include tax)	.00	.00
2. Total Nontaxable Sales	.00	.00
3. Items Subject to Use Tax	.00	.00
4. Taxable Balance (Add lines 1 and 3, and subtract line 2)	.00	.00
5. State Tax (Multiply line 4 by the ND tax rate)		
6. Total State Tax (Add column A and column B on line 5)		
7. Compensation Discount - Registered Permit Holders only (Multiply line 6 by .015 (\$110.00 maximum) - see instructions)		
8. Net State Tax Due (subtract line 7 from line 6)		
9. Penalty (See Instructions) (a) (b)		
10. Interest (See Instructions)		
11. State Tax, Penalty, and Interest		

LOCAL OPTION SALES, USE, & GROSS RECEIPTS TAXES

To report more than ten local option taxes, see Instructions.

A Local Code	B City or County Name/Location	C Total Local Option Tax (Do Not Enter Sales)	D Compensation Rate	E Compensation Allowance (See Instructions)	F Net Local Option Tax Due (Column C Minus Column E)

12. Net Local Option Tax Due	
13. Total Local Option Penalty and Interest (See Instructions)	
14. Total Due With Return Make check or money order payable to North Dakota Tax Commissioner	

I declare that this return has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Taxpayer Signature	Date	Title
Contact Person (Please Print or Type)	Contact Phone Number	

Please Do Not Write In This Space

Taxpayer Copy

Mail to: Office of State Tax Commissioner,
PO Box 5623, Bismarck, ND 58506-5623