

# 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

\*Required (Ex: 999999 00)

Due Date of Return

(Ex: MM/DD/YYYY)

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)

Taxpayer Name
Address
City, State, ZIP Code

New Owner Name, Address, Phone Number


☐ 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 - <b>Registered Permit Holders only</b> (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. C

A Local Code	B City, County or 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 <b>Make check or money order payable to North Dakota Tax Commissioner</b>	

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

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

Taxpayer Copy