

# MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION  
SFN 2053 (2/85) 5M



ROLL NUMBER
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DESCRIPTION

1190

2001 HOUSE FINANCE AND TAXATION

HB 1190

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1190

House Finance and Taxation Committee

Conference Committee

Hearing Date January 17, 2001

Tape Number	Side A	Side B	Meter #
1		x	904
Committee Clerk Signature <i>Jamie Stein</i>			

Minutes:

**REP. AL CARLSON, CHAIRMAN.** Opened the hearing with one committee member absent.

**REP. LARRY BELLEW,** Introduced the bill. See attached written testimony. He stated the wording is wrong in the bill, so he also introduced an amendment which needs to be added to the bill. Also attached is a copy of a short form individual income tax return.

Right now, if you file under certain guidelines, you get five hundred dollars of tax credit per child per year. Under our tax formula, it would amount to seventy dollars per child. The fiscal note shows a loss of fifteen million per biennium.

**REP. KELSH** You are changing it from a child care credit to a tax credit. Is there a difference?

**LARRY BELLEW** A child care credit would only allow for those people who enroll their kids in a certified day care center. This bill will give everyone who has children a tax credit, even the ones who stay at home.

**REP. WINRICH** There is a separate child care credit and child credit on the tax form?

Page 2  
House Finance and Taxation Committee  
Bill/Resolution Number HB 1190  
Hearing Date January 17, 2001

**REP. BELLEW** Yes there is, we don't really allow it in this state.

**REP. WINRICH** Originally, was your intention to have the child credit, or is there some reason not to do the child care credit?

**REP. BELLEW** My original intent was just the child tax credit.

**REP. KELSH** Do you have any idea what kind of impact this would have on a family of two children?

**REP. BELLEW** If you have two children under the age of 17, it will give a couple back one hundred forty dollars per year.

**REP. SCHMIDT** Asked what age bracket this bill would benefit.

**REP. BELLEW** Probably under the age of fifty.

**JOHN WALSTAD, ATTORNEY, LEGISLATIVE COUNCIL**, Appeared to explain the bill and to answer questions from the committee.

**JOSEPH BECKER, STATE TAX DEPARTMENT**, Stated that, right now, on the short form, there is a work sheet which takes you through the short form to get the number you need.

With no further testimony, the hearing was closed.

**COMMITTEE ACTION 1-23-01, Tape #2, Side B, Meter #97**

**REP. RENNERFELDT** Made a motion to adopt the amendments.

**REP. HERBEL** Second the motion. **MOTION CARRIED BY VOICE VOTE.**

**REP. BRANDENBERG** Made a motion for a **DO NOT PASS.**

**REP. RENNER** Second the motion. **MOTION CARRIED**

**14 YES 0 NO 1 ABSENT**

**REP. DROYDAL** Was given the floor assignment.

**FISCAL NOTE**  
 Requested by Legislative Council  
 01/25/2001

Bill/Resolution No.:

Amendment to: HB 1190

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	1999-2001 Biennium		2001-2003 Biennium		2003-2005 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
<b>Revenues</b>			(\$15,000,000)			
<b>Expenditures</b>						
<b>Appropriations</b>						

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

1999-2001 Biennium			2001-2003 Biennium			2003-2005 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

HB 1190 First Engrossment allows taxpayers to get the benefit of the federal child tax credit on the state's short form, Form 37-S.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

If enacted, HB 1190 First Engrossment would reduce state general fund revenues by approx. \$7.5 million per year.

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

<b>Name:</b>	Kathryn L. Strombeck	<b>Agency:</b>	Tax Department
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Phone Number: 328-3402

Date Prepared: 01/26/2001

**FISCAL NOTE**  
 Requested by Legislative Council  
 12/26/2000

Bill/Resolution No.: HB 1190

Amendment to:

**1A. State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	1999-2001 Biennium		2001-2003 Biennium		2003-2005 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues			(\$1,900,000)			
Expenditures						
Appropriations						

**1B. County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

1999-2001 Biennium			2001-2003 Biennium			2003-2005 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

**2. Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

HB 1190 redefines 'federal tax liability', the starting point for individuals filing the state's short form, Form 37-S, to be reduced by the amount of federal child and dependent care credit.

**3. State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

**A. Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

If enacted, HB 1190 is expected to reduce state general fund revenues by approximately -\$950,000 per year.

**B. Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

**C. Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

<b>Name:</b>	Kathryn L. Strombeck	<b>Agency:</b>	Tax Dept.
<b>Phone Number:</b>	328-3402	<b>Date Prepared:</b>	01/04/2001

Date: 1-23-01  
Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES  
BILL/RESOLUTION NO. HB 1190

House FINANCE & TAXATION Committee

Subcommittee on \_\_\_\_\_  
or  
 Conference Committee

Legislative Council Amendment Number \_\_\_\_\_

Action Taken Do Not Pass as amended

Motion Made By Rep. Brandenburg Seconded By Rep. Renner

Representatives	Yes	No	Representatives	Yes	No
CARLSON, AL, CHAIRMAN	✓		NICHOLAS, EUGENE	A	
DROVDAL, DAVID, V-CHAIR	✓		RENNER, DENNIS	✓	
BRANDENBURG, MICHAEL	✓		RENNERFELDT, EARL	✓	
CLARK, BYRON	✓		SCHMIDT, ARLO	✓	
GROSZ, MICHAEL	✓		WIKENHEISER, RAY	✓	
HERBEL, GIL	✓		WINRICH, LONNY	✓	
KELSH, SCOT	✓				
KROEBER, JOE	✓				
LLOYD, EDWARD	✓				

Total (Yes) 14 No 0

Absent 1

Floor Assignment Rep. Drovdal

If the vote is on an amendment, briefly indicate intent:



REPORT OF STANDING COMMITTEE (410)  
January 24, 2001 2:32 p.m.

Module No: HR-12-1520  
Carrier: Drovdal  
Insert LC: 10311.0101 Title: .0200

**REPORT OF STANDING COMMITTEE**

HB 1190: Finance and Taxation Committee (Rep. Carlson, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO NOT PASS** (14 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). HB 1190 was placed on the Sixth order on the calendar.

Page 1, line 2, replace "and dependent care" with "tax"

Page 2, replace lines 17 and 18 with:

"k. Subtract the child tax credit computed under Internal Revenue Code section 24."

Renumber accordingly

2001 TESTIMONY

HB 1190

## Testimony in support of HB 1190

**A bill to amend and re-enact subsection 5 of section 57-38-30.3 of the North Dakota Century Code, relating to recognition of federal income tax child tax credit on the short form-individual income tax return; and to provide an effective date.**

**Finance and Taxation Committee; Rep. Al Carlson, Chairman**

**January 17, 2001**

Good morning Mr. Chairman and members of the Finance and Taxation Committee.

My name is Larry Bellew and I am here in support of HB 1190 as amended. HB 1190 is being introduced by me at the request of myself and constituencies of my district and I would hope from the people of North Dakota.

The basis for this bill is to bring North Dakota tax laws into line with Federal Tax deductions namely child tax credit.

According to the State Tax Department, 95-97% of North Dakotans file taxes using Form 37-S. Since this many North Dakotans use Form 37-S, as you can see, we are denying a great number of North Dakotans a deserved tax credit.

Form 37-S would not have to be changed because of this bill. The changes would be in the North Dakota Individual Income Tax Booklet. On page 6, under section titled: Specific line instructions for Form 37-S (Short Form).

### **Line 1**

#### **Federal Income Liability**

Enter the amount from your federal income tax return as follows:

-If you used Federal Form 1040A, enter the amount from line 26; less line 30.

For 1040 filers only, the same worksheet on Page 6 would be used with the following additions to the worksheet:

- A. Remains the same
- B. Subtract line 47, form 1040

Change letter B to C; letter C to D; letter D to E; letter E to F; letter F to G; letter G to H; and letter H to I.

Last school year (September 1999 to August 2000), North Dakota lost approximately 3000 students in grades K-12. This in my opinion is a disaster.

During my campaign, also Governor Hoven's and probably some of yours, a common theme was that we must do something to stop the loss of our youth.

This bill is but one way to accomplish that goal. Adding this tax credit to our income tax would send an even stronger message that North Dakota an even more child friendly state than we already are.

Also, what better economic development plan can there be than to give the people back some of their money to spend as they like.

Mr. Chairman, I urge passage of the amended HB 1190 and would now take any questions.  
Thank you.

**Filing category**

Check the "Resident" box if either of the following applies:

- You were a full-year resident of North Dakota.
- You moved into North Dakota during the tax year and changed your legal residence to North Dakota, and you are using the "Resident method" to complete your return. See *Filing procedure for individuals who moved into North Dakota* on page 3 for information on the filing methods available to you.

Check the "Nonresident" box if any of the following apply:

- You were a full-year nonresident of North Dakota.
- You moved out of North Dakota during the tax year and changed your legal residence from North Dakota to another state.
- You moved into North Dakota during the tax year and changed your legal residence to North Dakota, and you are using the "Nonresident method" to complete the return. See *Filing procedure for individuals who moved into North Dakota* on page 3 for information on the filing methods available to you.

**Federal estimated tax requirement**

If you were required to make a payment of estimated federal income tax for any part of the 2000 tax year, you must check the "Yes" box. This applies whether or not you actually made the required payment. Otherwise, check the "No" box.

**Amended and extension checkoffs**

Check the "Amended" box *only* if you are completing this return for the purpose of correcting a return you previously filed for the same tax year. See *Correcting your return* on page 5 for information on filing an amended return.

Check the "Extension" box *only* if you attached a federal or North Dakota extension to your return. See *Extension of time to file* on page 4 for more information.

**School district code**

Go to page 12 and select the code number for the school district in which you resided during the tax year and enter it in the space provided on the return. If you resided in more than one school district during the tax year, enter the code number for the school district in which you resided for the greater amount of time. If you did not reside in any school district during the tax year, enter the code number 54-000.

**Income source code**

Select the code number from the following list that most closely corresponds to the area from which you derived the majority of your income:

Source of Income	Code number
Farming, ranching, or agricultural production .....	1
Retail, wholesale trade, and eating and drinking places .....	2
Federal, state, county, city or other government service .....	3
Public or private education .....	4
Accounting, legal, health, motel, and other personal or professional services not classified elsewhere .....	5
Construction .....	6
Manufacturing .....	7
Transportation, communication, and public utilities .....	8
Exploration, development, and extraction of coal, oil, and natural gas .....	9
Banking, insurance, real estate, and other financial services .....	10
Military service .....	11
Retirement (IRA, pensions, and annuities, etc.) .....	12

**Specific line instructions for Form 37-S (Short form)**

**Important**

- Before completing Form 37-S, see *What form to use—Form 37-S or Form 37* on page 5.
- For instructions on completing the top portion of Form 37-S, see the *General Instructions applicable to both Form 37 and Form 37* on page 5.
- Rounding of numbers is permitted *except* for the tax, credits, withholding, and estimated tax amounts.

**Line 1**

**Federal income tax liability**

Enter the amount from your federal income return as follows:

- If you used Federal Form 1040EZ, enter the amount from line 10.
- If you used Federal Form 1040A, enter the amount from line 26. *38*
- If you used Federal TeleFile, enter the amount from line K (the "Tax" box) of the TeleFile Tax Record.
- If you used Federal Form 1040, complete the worksheet (*below*) to determine the proper amount to enter on line 1, Form 37-S.

**Form 1040 filers only:**

**Worksheet for calculating the federal income tax liability (for line 1, Form 37-S)**

- A. Enter amount from line 42, Form 1040 .....
- B. If applicable, enter the amount from line 54, Form 1040 .....
- C. Add lines A and B .....
- D. If applicable, enter the amount from line 25, Form 8801 .....
- E. Subtract line D from line C. If result is less than zero, enter -0-\* .....
- If resident, enter amount from line E on line 1, Form 37-S.
- If nonresident, complete lines F, G, and H below.
- F. If applicable, enter tax from line 30, Form 4972, *but only if you received the distribution while a nonresident of North Dakota* .....
- G. If applicable, enter taxes from lines 17, 25, 33, 41 and 45, Form 5329 .....
- H. Subtract lines F and G from line E. For *nonresident only*, enter this amount on line 1, Form 37-S .....

\*If applicable, include the tax from Federal Form 4970 and the federal Section 72(m)(5) excess benefits tax in the total entered on this line. See the instructions to Form 1040, line 87, for more information.

# 37-S Short form individual income tax return

# 2000

For 2000 CALENDAR YEAR, or other tax year beginning \_\_\_\_\_, 2000, and ending \_\_\_\_\_, 20\_\_\_\_

**IMPORTANT**

Your social security number \_\_\_\_\_

Spouse's social security number \_\_\_\_\_

You must enter your SSN(s) above. See instructions on page 5.

Were you required to pay estimated federal income tax for 2000? Yes  No

Check only if applicable: (See instructions on page 6)

Amended  Extension

Composite return: (CR)

Your first name and initial \_\_\_\_\_ Last name \_\_\_\_\_

If joint return, spouse's first name and initial \_\_\_\_\_ Last name \_\_\_\_\_

Mailing address \_\_\_\_\_

City, town or post office, state and ZIP code \_\_\_\_\_

Filing status: 1.  Single 2.  Married filing joint 3.  Married filing separate  
 4.  Head of household 5.  Qualifying widow(er) (Enter spouse's name here) \_\_\_\_\_

Filing category: 1.  Resident 2.  Nonresident (If a part-year resident in 2000, see instructions on page 3.)

School district code: \_\_\_\_\_ Income source code: \_\_\_\_\_ (See instructions on page 6)

A. Federal adjusted gross income from line 33, Form 1040 or line 19, Form 1040A or line 4, Form 1040EZ or line I, TeleFile Tax Record ..... (SX)			A	<b>Form 37-S</b>
B. Federal taxable income from line 39, Form 1040 or line 25, Form 1040A or line 6, Form 1040EZ or line K, TeleFile Tax Record ..... (SS)			B	
1. Federal income tax liability: See instructions on page 6 for the amount to enter on this line ..... (SV)			1	
2. North Dakota income tax: Multiply line 1 by 14% (.14); OR, if you are a nonresident filer or you are a resident filer with an allowable adjustment, complete the Adjustment Schedule (Form 37-S) and enter the tax from line 13 of that schedule on this line (See instructions on page 7) ..... (SB)			2	
3. Credits: (See instructions) Schedule 4 > (SD) _____ Schedule FC > (S2) _____ Renaissance zone credits > (S3) _____ (Enter total credits in box to the right) .....			3	
Net tax liability (Subtract line 3 from line 2) If less than zero, enter -0- ..... (SE)			4	
North Dakota income tax withheld (Attach supporting W-2s and 1099s) ..... (SF)			5	
6. 2000 estimated tax paid plus overpayment, if any, applied from 1999 return ..... (S&)			6	
7. Total payments (Add lines 5 and 6) .....			7	
8. Overpayment (If line 7 is greater than line 4, subtract line 4 from line 7. If line 4 is greater than line 7, go to line 14.) If result is less than \$5.00, enter -0- ..... (SG)			8	
9. Amount of line 8 you wish to apply to your 2001 estimated tax ..... (SQ)			9	
10. Amount of line 8 you wish to contribute to Nongame Wildlife Fund ..... (SP)			10	
11. Amount of line 8 you wish to contribute to Centennial Tree Trust Fund ..... (SW)			11	
12. Refund (Line 8 less lines 9, 10 and 11) If result is less than \$5.00, enter -0- ..... (SR)			12	
13. For direct deposit of your refund, complete lines 13a, 13b and 13c: (See instructions on page 7)				
a. Routing number > _____ b. Type of account > <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
c. Account number > _____				
14. Tax due (If line 4 is greater than line 7, subtract line 7 from line 4) If result is less than \$5.00, enter -0- ..... (SZ)			14	
15. Voluntary contribution to Nongame Wildlife Fund (Not allowed if line 14 is -0-) ..... (SU)			15	
16. Voluntary contribution to Centennial Tree Trust Fund (Not allowed if line 14 is -0-) ... (SY)			16	
17. Balance due (Add lines 14, 15, 16 and, if applicable, 18) Pay to: State Tax Commissioner .....			17	
18. Interest on underpaid estimated tax, if any, from line 17, Form 400-UT ..... (SO)			18	

Attach a complete copy of your 2000 federal income tax return

I declare under the penalties of North Dakota Century Code § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return. For Privacy Act Information, see inside front cover of instruction booklet.

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Your daytime phone no. > (PH) \_\_\_\_\_  OPR For Tax Department use only \_\_\_\_\_

Spouse's signature (if joint return) \_\_\_\_\_ Date \_\_\_\_\_ Area code ( ) \_\_\_\_\_

Paid preparer's signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Office of State Tax Commissioner, State Capitol, 600 East Boulevard Avenue, Bismarck, ND 58505-0650

Taxable income

20 Enter the amount from line 19. 20

21a Check  You were 65 or older  Blind  Enter number of boxes checked 21a

Spouse was 65 or older  Blind

b If you are married filing separately and your spouse itemizes deductions, see page 33 and check here 21b

22 Enter the standard deduction for your filing status. But see page 33 if you checked any box on line 21a or 21b or if someone can claim you as a dependent.  
 • Single—\$4,400 • Married filing jointly or Qualifying widower—\$7,350  
 • Head of household—\$6,450 • Married filing separately—\$3,675 22

23 Subtract line 22 from line 20. If line 22 is more than line 20, enter -0- 23

24 Multiply \$2,800 by the total number of exemptions claimed on line 8b 24

25 Subtract line 24 from line 23. If line 24 is more than line 23, enter -0-. This is your taxable income. 25

Tax, credits, and payments

26 Tax (see page 34) 26

27 Credit for child and dependent care expenses. Attach Schedule 2 27

28 Credit for the elderly or the disabled. Attach Schedule 3 28

29 Education credits. Attach Form 8863 29

30 Child tax credit (see page 37) 30

31 Adoption credit. Attach Form 8839 31

32 Add lines 27 through 31. These are your total credits 32

33 Subtract line 32 from line 26. If line 32 is more than line 26, enter -0- 33

34 Advance earned income credit payments from Form(s) W-2 34

35 Add lines 33 and 34. This is your total tax 35

36 Federal income tax withheld from Forms W-2 and 1099 36

37 2000 estimated tax payments and amount applied from 1999 return 37

38a Earned income credit (EIC) 38a

b Nontaxable earned income amount 38b and type 38c

39 Additional child tax credit. Attach Form 8812 39

40 Add lines 36, 37, 38a, and 39. These are your total payments 40

Refund

If you have a qualifying child, attach Schedule EIC.

41 If line 40 is more than line 35, subtract line 35 from line 40. This is the amount you overpaid. 41

42a Amount of line 41 you want refunded to you. 42a

b Rolling number  42b

c Type  Checking  Savings 42c

d Account number  42d

43 Amount of line 41 you want applied to your 2001 estimated tax. 43

Amount you owe

44 If line 35 is more than line 40, subtract line 40 from line 35. This is the amount you owe. For details on how to pay, see page 49. 44

45 Estimated tax penalty (see page 49) 45

Sign here

Joint return? See page 21. 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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	May the IRS discuss this return with the preparer shown below (see page 50)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Paid preparer's use only

Preparer's signature  Date

Firm's name (or yours if self-employed), address, and ZIP code  EIN

Check if self-employed  Preparer's SSN or PTIN

Phone no. ( )

Tax and Credits

Standard Deduction for Most People

Single: \$4,400
Head of household: \$6,450
Married filing jointly or Qualifying widow(er): \$7,350
Married filing separately: \$3,675

34 Amount from line 33 (adjusted gross income)
35a Check if: [ ] You were 65 or older, [ ] Blind; [ ] Spouse was 65 or older, [ ] Blind.
36 Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left.
37 Subtract line 36 from line 34
38 If line 34 is \$98,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d.
39 Taxable income. Subtract line 38 from line 37.
40 Tax (see page 32). Check if any tax is from a [ ] Form(s) 8814 b [ ] Form 4972
41 Alternative minimum tax. Attach Form 8251
42 Add lines 40 and 41
43 Foreign tax credit. Attach Form 1118 if required
44 Credit for child and dependent care expenses. Attach Form 2441
45 Credit for the elderly or the disabled. Attach Schedule R
46 Education credits. Attach Form 8863
47 Child tax credit (see page 36)
48 Adoption credit. Attach Form 8839
49 Other. Check if from a [ ] Form 3800 b [ ] Form 8396 c [ ] Form 8801 d [ ] Form (specify)
50 Add lines 43 through 49. These are your total credits
51 Subtract line 50 from line 42. If line 50 is more than line 42, enter -0-

Other Taxes

52 Self-employment tax. Attach Schedule SE
53 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137
54 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required
55 Advance earned income credit payments from Form(s) W-2
56 Household employment taxes. Attach Schedule H
57 Add lines 51 through 56. This is your total tax

Payments

If you have a qualifying child, attach Schedule EIC.

58 Federal income tax withheld from Forms W-2 and 1099
59 2000 estimated tax payments and amount applied from 1999 return
60a Earned income credit (EIC)
60b Nontaxable earned income: amount and type
61 Excess social security and RRTA tax withheld (see page 50)
62 Additional child tax credit. Attach Form 8812
63 Amount paid with request for extension to file (see page 50)
64 Other payments. Check if from a [ ] Form 2439 b [ ] Form 4136
65 Add lines 58, 59, 60a, and 61 through 64. These are your total payments

Refund

Have it directly deposited! See page 60 and fill in 67b, 67c, and 67d.

66 If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid
67a Amount of line 66 you want refunded to you
67b Routing number
67c Type: [ ] Checking [ ] Savings
67d Account number
68 Amount of line 66 you want applied to your 2001 estimated tax

Amount You Owe

69 If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe. For details on how to pay, see page 51
70 Estimated tax penalty. Also include on line 69

Sign Here

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.

Joint return? See page 19. Keep a copy for your records.

Your signature, Date, Your occupation, Daytime phone number
Spouse's signature. If a joint return, both must sign. Date, Spouse's occupation, May the IRS discuss this return with the preparer shown below (see page 52)? [ ] Yes [ ] No

Preparer's Use Only

Preparer's signature, Date, Check if self-employed [ ], Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code, EIN, Phone no.





"Strombeck, Kathy L."  
<kstrombe@state.nd.us>

01/16/01 03:19 PM

To: "Bellew, Larry D." <lbellew@state.nd.us>  
cc:  
Subject: HB 1190 Fiscal Note

Rep. Bellew;

I do not believe we have met yet, so please let me introduce myself: I'm Kathryn Strombeck, Research Analyst with the Tax Department, and the person who computes the fiscal notes on bills that affect tax revenues. It is my understanding that you may be amending HB 1190 to allow taxpayers to claim the child credit (as opposed to the dependent care credit as the bill was originally written) on the short form by subtracting the amount of the child credit from the federal tax liability used as the starting point on the return.

The fiscal note I submitted for HB 1190 was the estimate for the child ~~CARE~~<sup>TAX</sup> credit. I thought you might be interested in knowing the estimated fiscal impact of this possible change. Allowing the child credit on the short form will reduce revenues by approx. -\$7.5 million per year, or -\$15 million for the biennium.

I hope this is helpful. Please let me know if you have any questions or comments.

Kathryn Strombeck  
Research Analyst  
ph. 328-3402