



**DIVISION OF REVENUE AND TAXATION**  
**COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS**  
**BUSINESS GROSS REVENUE TAX QUARTERLY RETURN**  
**FOR BANKS, BANKING INSTITUTIONS AND BUILDING AND LOAN ASSOCIATIONS**



(Please Type or print in ink)

(See reverse side of this form for instructions)

**20** \_\_\_\_\_ **DLN** \_\_\_\_\_

A. 1. Taxpayer's Name	C. 1. Taxpayer's Identification Number (TIN)	F. MARK HERE IF THIS IS A FINAL RETURN AND INDICATE THE DATE WHEN BUSINESS WAS CLOSED OR DISSOLVED  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> DATE _____
A. 2. Doing Business As	C. 2. TIN previously reported, if different from above	
B. Mailing Address	D. Quarter Ended	
CHECK IF : <input type="checkbox"/> AMENDED <input type="checkbox"/> CONSOLIDATED <input type="checkbox"/> ORIGINAL		E. Telephone Number (s)

<b>G. BUSINESS FORM</b> <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> NON-PROFIT ORGANIZATION	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ASSOCIATION	<b>H. LOCATION OF BUSINESS</b> <input type="checkbox"/> SAIPAN <input type="checkbox"/> TINIAN <input type="checkbox"/> ROTA <input type="checkbox"/> NORTHERN IS. _____ <small>Indicate Village</small>	<b>I. ACTIVITIES</b> <input type="checkbox"/> BANK <input type="checkbox"/> BANKING INSTITUTION <input type="checkbox"/> BUILDING AND LOAN ASSOCIATION <input type="checkbox"/> OTHERS _____ <small>(Specify)</small>
---	--	--	--

J. COMPUTATION OF TAX AND OTHER CHARGES	FOR OFFICIAL USE ONLY	
1. TOTAL REVENUE FOR THE PERIOD JANUARY 1 - MARCH 31.	▶	
2. TOTAL REVENUE FOR THE PERIOD APRIL 1 - JUNE 30.	▶	
3. TOTAL REVENUE FOR THE PERIOD JULY 1 - SEPTEMBER 30.	▶	
4. TOTAL REVENUE FOR THE PERIOD OCTOBER 1 - DECEMBER 31.	▶	
5. TOTAL LINES 1,2,3, AND 4.	▶	
6. LESS REVENUE NOT SUBJECT TO TAX ( see important instructions)	▶	
7. GROSS REVENUE SUBJECT TO TAX (line 5 minus line 6)	▶	
8. LESS ALLOWABLE LOSSES AND EXPENSES. (See Instructions)	▶	
9. NET REVENUE SUBJECT TO TAX. (Line 7 minus Line 8)	▶	
10. TAX ON GROSS REVENUE. (3% of line 7)	▶	
11. TAX ON NET REVENUE. (5% of line 9)	▶	
12. ENTER THE GREATER OF LINE 10 OR 11.	▶	
13. TAX ALLOCATED PREVIOUS QUARTER. (Current Year Only)	▶	
14. TAX ALLOCATED THIS QUARTER. (line 12 minus line 13)	▶	
15a. ENTER AMOUNT PAID THIS QUARTER FROM FORM 500-BGRT-BWH.	▶	
15b. AMOUNT PREVIOUSLY PAID ON ORIGINAL OR AMENDED RETURN. (see instructions)	▶	
15c. TAX (OVERPAID) FROM PREVIOUS QUARTER, IF ANY. (see instructions)	▶	
16. TAX DUE (OVERPAYMENT) THIS QUARTER (line 14 minus lines 15a, 15b, and 15c if any)	▶	
17a. ENTER AMOUNT OF EDUCATION CASH CONTRIBUTIONS MADE THIS YEAR	▶	
17b. ENTER EDUCATION TAX CREDIT TAKEN PRIOR QUARTER(S)	▶	
17c. EDUCATION TAX CREDIT AVAILABLE THIS QUARTER	▶	
17d. EDUCATION TAX CREDIT (see instructions/attach Schedule ETC)	▶	
18. OVERPAYMENT CREDIT FROM FORM 1120CM, OR 1120F, IF ANY, (See Instructions).	▶	
19. TAX AFTER CREDIT (line 14 minus lines 15a,15b,15c, 17d and 18)	▶	
20. <b>PENALTY CHARGE</b> <span style="float: right;">20a (5%)</span>	▶	
(if return is filed and paid after the deadline, complete these lines.) <span style="float: right;">20b (0.5%)</span>	▶	
21. <b>INTEREST CHARGES</b> (If payment is made after the deadline, complete this line.)	▶	
22. <b>TOTAL DUE</b> (add lines 19, 20a, 20b, and 21) <span style="float: right;"><b>PAY THIS AMOUNT</b></span>	▶	
23. <b>CARRYOVER FOR 4TH QUARTER RETURN ONLY.</b> (See instructions).	▶	
24. <b>FOR 4TH QUARTER RETURN ONLY.</b> ENTER THE AMOUNT THAT YOU WANT REFUNDED. (See instructions.)	▶	

**K. DECLARATION:** Under the penalties of perjury, I declare that this return is, to the best of my knowledge and belief, true and correct.

Name (Typed) and Signature		Title		Date
PAID PREPARER'S USE ONLY	Preparer's Signature:	Date:	Preparer's SSN:	TIN:
	Firm's Name	Mailing Address		
FOR OFFICIAL USE ONLY				
DATE PAID:	RECEIPT NO:	Amount:	Received By:	

## INSTRUCTIONS

**GENERAL INFORMATION:** This tax is used only for banks, banking institutions, building and loan associations, and other. For other type(s) of business activity, please check for the appropriate form.

- A.1. Enter the name of the owner for sole proprietorship, or corporation/association name.  
A.2. Enter the name(s) under which the taxpayer operates as; e.g. "John Doe's Restaurant".  
B. Enter the complete mailing address, including post office box, if any.  
C.1. Enter your Taxpayer I.D. Number. If you do not have one, please apply at the Division of Revenue and Taxation, or at the Social Security Administration.  
(NOTE: The Division of Revenue and Taxation will assign an I.D. Number for use only in reporting CNMI Taxes)  
C.2. Enter your Employer I.D. Number used in previous quarter.  
D. Enter the quarter ended for which you are filing this return.  
E. Enter your telephone number(s)  
F. **If this is a final return, place a check mark (✓) in the box provided and indicate the date when the business was closed or dissolved. Pursuant to Revenue and Tax Regulations §2203.14, a penalty will be imposed for failure to comply with this requirement.**  
G. Indicate the proper form of your business by checking the applicable box.  
H. Indicate the location of your business. Please ensure you enter the name of the village on the space provided.  
I. Indicate the type(s) of business activity you are engaged in. **IMPORTANT:** If you checked more than one activity, attach Form OS-3105A.

### J. COMPUTATION OF TAX

1. Enter the gross earned for the month of January 1 - March 31.
2. Enter the gross earned for the month of April 1 - June 30.
3. Enter the gross earned for the month of July 1 - September 30.
4. Enter the gross earned for the month of October 1 - December 31.
5. Enter the total of lines 1 through 4.
6. Enter the amount of revenue which is exempted from tax. Attach a separate sheet explaining in detail the amount of type of exemption.  
**CLAIM WILL BE DISALLOWED IF STATEMENT IS NOT APPROVED.**
7. Subtract line 6 from line 5.
8. Enter the amount of allowable losses and expenses, pursuant to §1304 (b) of P.L. 9-22, incurred within the Commonwealth of Northern Mariana Islands. The amount reported must be accumulated every quarter.
9. Subtract line 8 from line 7. The amount is the net revenue subject to tax.
10. Multiply line 9 by three percent (3%). Enter the product on this line.
11. Multiply line 9 by five percent (5%). Enter the product on this line.
12. Enter the greater amount of lines 10 or 11. This is the total due for this quarter.
13. Enter the total amount of tax allocated in previous quarter from line 12 of the preceding quarter's return. **(Current year only.)**
14. Subtract line 13 from line 12, but not less than zero. This is tax allocated this quarter.
- 15a. Enter amount paid this quarter from Form 500-BGRT-BWH.
- 15b. **If this is an amended return of a previously filed original and/or amendments for this quarter, enter the amount paid on such original and/or amended returns applicable to this quarter only.**
- 15c. Enter the tax overpaid from previous quarter, if any, from line 16 of the last quarter's return of the same taxable year.
16. Subtract lines 15a, 15b, and 15c from line 14. This is the amount of tax due or (overpayment) for this quarter.
- 17a. Enter the amount, if any, cash contributions made during the taxable year but not more than \$5,000.00 to a qualified educational institution or other tax exempt educational institution located in the CNMI. (The maximum educational credit allowable in any one year is the lesser of \$5,000.00 or your accumulated wage and salary tax, earnings tax or business gross revenue tax liability.) Attach Schedule ETC.
- 17b. Enter the cumulative amount of education tax credit taken prior quarter(s) of the same year.
- 17c. Subtract line 17b from line 17a.
- 17d. Enter the lesser of line 14 or line 17c, but not less than zero.
18. Enter the total overpayment credit you elected from Form 1120CM or 1120F for the preceeding year, if any. Note: If this amount was claimed in the prior quarter, enter zero on this line. This amount is subject to final adjustment by the Division of Revenue and Taxation.
19. Subtract lines 15a, 15b, 15c, 17d and 18 from line 14. If this line shows a tax due, continue thru line 21. If this line shows an overpayment, **STOP HERE.** You have credit available to carry forward to subsequent quarter(s) (1st thru 3rd quarter of the calendar year). If this is a 4th quarter return, continue on to line 20.
20. If you file and pay your tax after the deadline (shown at the bottom of this page), the following penalties shall apply:  
20a. **Failure to File Return on Time.** Penalty will be imposed for the non-filing period based on applicable rate.  
20b. **Failure to Pay Taxes on Time.** Penalty will be imposed for the non-payment period based on applicable rate.  
21. Interest charges will be imposed for the non-filing and non-payment period based on applicable rate on the tax due (line 19) and penalty charges (line 20a and 20b).
22. Add lines 19, 20a, 20b, and 21. This is the total due for this quarter
23. **FOR 4TH QUARTER RETURN ONLY.** Enter the amount of overpayment from line 19 you want credited to the 1st quarter return of the following year. You may credit any amount but not more than the amount shown as overpayment on line 19.
24. **FOR 4TH QUARTER RETURN ONLY.** Enter the amount **YOU WANT REFUNDED.** Subtract line 23 from line 19.

### K. DECLARATION AND SIGNATURE

All returns must be signed by a natural person. No return shall be complete unless and until it is signed by the taxpayer. Tax returns shall be signed by the following:

- The return of:
- (a) an individual taxpayer shall be signed by the individual;
  - (b) a corporation shall be signed by the president, vice-president, treasurer, assistant treasurer, chief accounting officer of the corporation, or any other officer duly authorized so to act;
  - (c) a partnership shall be signed by any one of the partners; and
  - (d) all other entities shall be signed by a natural person as specified by the NMTIT.

### DEADLINE

The original copy of this return must be filed at the Division of Revenue and Taxation on or before the last day of the month following the end of each quarter, that is, on or before April 30, July 31, October 31, and January 31. If filing by mail, send to: DIVISION OF REVENUE AND TAXATION  
P.O. BOX 5234 CHR  
SAIPAN, MP 96950

### PAYMENTS

Any tax due must be paid to the Division of Revenue and Taxation. Make your check or money order payable to: "CNMI TREASURER, NORTHERN MARIANAS". If you are making a single payment for multiple tax returns, please make sure that the total of all taxes and charges are correct. Also indicate how you want the payment to be applied. (NOTE: Please be advised that if a check remitted for payment of taxes is returned by your bank unpaid, the taxes will be deemed unpaid and you will subject to all applicable late payment penalties and interest charges).