

Advance Child Tax Credit Updates

Do not submit this form if you successfully registered for access to the Child Tax Credit Update Portal (CTCUP). Submit your request to unenroll from receiving advance Child Tax Credit payments or make other changes through the CTCUP by visiting <https://finance.gov.mp>.

Only complete the Parts that are applicable to your situation.

Name and Contact Information of Taxpayer (Required)

If completing this form by hand, write clearly.

1. First name	Middle name or initial	Last name
2. Current mailing address (apartment or suite number and street, or P.O. Box) <input type="checkbox"/> Check here if this is a new address and complete Part II below		
City	State	ZIP code
3. Taxpayer identification number (provide 9-digit SSN or ITIN of person in 'Box 1')		4. Language preference <input type="checkbox"/> English <input type="checkbox"/> Chamorro <input type="checkbox"/> Carolinian
5. Telephone number with area code at which person in 'Box 1' may be contacted, Monday - Friday, 7:30 am - 4:30 pm chamorro standard time (CHST)		

Part I: Unenroll from Receiving Advance Child Tax Credit Payments

By choosing to unenroll, you're telling us you don't want to receive advance Child Tax Credit payments. You will not be able to re-enroll.

If your most recently filed tax return was a joint tax return, your spouse will also need to unenroll, if appropriate. Unenrolling is an individual action. If your spouse does not unenroll, your spouse will receive payments for their portion of the advance Child Tax Credit.

I agree to unenroll. I also understand that this is a one-time action and that I will not be able to re-enroll

Part II: Update Your Home Mailing Address

Submitting a change of address on this form will change your official address for all CNMI Tax purposes. If your most recently filed tax return was a joint tax return, your spouse will need to complete a separate form to update their home mailing address, if appropriate. Submitting an address change via this Form is an individual action and will affect where you receive future notices and possibly payments for the Child Tax Credit.

7. Your old address (P.O. Box, number, street, apt. no., city or town, state, and ZIP code). If foreign address, also complete spaces below, see instructions.

Foreign country name	Foreign province/county	Postal code
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Part III: Update Your Marital Status

Your filing status for 2021 is based on your marital status as of December 31, 2020. If you have changed spouses since December 31, 2020, please list your new spouse's information in boxes 8 and 9. Submitting these changes does NOT amend your previously filed return.

Previous Filing Status

- Single
 Married filing jointly
 Married filing separately
 Head of household
 Qualifying widow/widower with dependent child

Updated Filing Status

- Single
 Married filing jointly (complete lines 8-9)
 Married filing separately (complete lines 8-9)
 Head of household
 Qualifying widow/widower with dependent child

8. Spouse first name	Spouse middle name or initial	Spouse last name
9. Taxpayer identification number (provide 9-digit SSN or ITIN of person in 'Box 8')		

Part IV: Update Your Qualifying Children

Complete this section if you need to: (a) Add a qualifying child, (b) Remove a qualifying child, (c) Update Existing qualifying child. Submitting these changes does NOT amend your previously filed return.

Based on your most recent tax return:

- Check, "Add" if you are adding a qualifying child that was not included.
- Check, "Remove" if you are removing a qualifying child.
- Check "Update Existing" if you are updating information for a qualifying child.

Add	Remove	Update Existing	Social Security Number	First Name	M.I.	Last Name	Relationship	Date of Birth (mm/dd/yyyy)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Part V: Adjusted Gross Income

<p>* Complete the section ESTIMATED Adjusted Gross Income for 2021 if you need to inform the Division of Revenue and Taxation of significant changes to your income that may impact the amount of your advance Child tax Credit Payments. The worksheet can be found at https://finance.gov.mp/forms.php.</p>	<p>LINE 11 of your 2020 1040-CM or LINE 8b of your 2019 1040-CM</p>	<p>ESTIMATED Adjusted Gross Income for 2021* (Attach worksheet)</p>
Adjusted Gross Income		

Part VI: Direct Deposit

If you want your refund deposited directly to your bank, please provide your checking or savings account information below. To ensure the accuracy of your account number, please attach a copy of a void check.

Account type Savings Checking

See instructions for details

Routing number ▶

Account number ▶

Part VII: Signature

I declare that, to the best of my knowledge and belief, the information entered on this Form AdvCTC is true, correct, complete, and made in good faith.

Signature	Date
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Privacy Act and Paperwork Reduction Notice (NMTIT)

We ask for this information to carry out the Internal Revenue laws. This form is provided for your convenience; its use is voluntary. The Internal Revenue Code (I.R.C.) § 7803 and the Taxpayer First Act of 2019 (P.L. 116-25) authorize us to collect this information. The primary purpose of the form is to provide a paper method of requesting an Identity Protection PIN. Providing false information may subject you to penalties. Generally, tax returns and return information are confidential, under I.R.C. § 6103. However, we may provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law, or the tax laws of the Commonwealth of the Northern Mariana Islands.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send your comments through email at info@dof.gov.mp. Or you can send your comments to Division of Revenue and Taxation, Department of Finance, P.O. Box 3423 CHR, Saipan MP, 96950.