REQUEST FOR COPIES OF TAX RETURNS

NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER

SFN 28249

A complete copy of the requested tax return(s) we have on file will be mailed within 10 business days from the date we receive the request. There is no charge for this service. A photo I.D. is required if the return(s) will be picked up in our office. If the return(s) will be picked up by someone other than the taxpayer or authorized representative, that individual must be identified on this form.

Date Requested	Daytime Phone Number	Hours that you can be reached at this number

Year(s)	◯ Will Pick Up ◯ Please Mail
Taxpayer's Name: (last name, first name, middle initial)	Social Security Number
Spouse's Name: (last name, first name, middle initial)	Social Security Number
Mailing address	
If you want a copy of your return(s) mailed to or picked up by someone other than yourself, provide that person's name and address.	

PRIVACY ACT NOTIFICATION

In compliance with the Privacy Act of 1974, disclosure of a social security number or Federal Employer Identification Number (FEIN) on this form is required under N.D.C.C. §§ 57-01-02, 57-01-14, and 57-01-15, and will be used for tax reporting, identification, and administration of North Dakota tax laws. Disclosure is mandatory. Failure to provide the social security number or FEIN may delay or prevent the processing of this form.

PLEASE SIGN HERE

Signature of Taxpayer (Do not print) _____ Date _____

For Office Use Only

◯ Enclosed is a copy of your tax return(s) for the year(s) requested.

◯ From our available information, we find no record of a state return filed under the above social security number or name for the year(s) requested.

◯ We have not completed the processing of the current tax year's returns.

◯ Return(s) for the following year(s) are unavailable. _____

Return(s) were picked up by:

Signature _____ Date _____

Instructions:
North Dakota state law prohibits our office from releasing a tax return or any information on a tax return unless the taxpayer or authorized representative provides written authorization.

This form must be completed and signed before the Office of State Tax Commissioner can release any return(s). The form, along with a copy of a photo I.D. may be mailed to Office of State Tax Commissioner, 600 E. Boulevard Ave., Dept. 127, Bismarck, ND 58505-0599. The form and photo I.D. may also be emailed to individualtax@nd.gov or faxed to our office at 701.328.1942.

If you have questions on this form, please contact our office at 701.328.1243.

The return(s) can either be mailed to the most recent address we have on file or picked up at our Bismarck office, located in the State Capitol Building on the 16th floor. The individual picking up the return(s) will be required to produce a photo I.D., such as a driver's license. If someone other than the taxpayer or authorized representative will be picking up the return(s), that person's name needs to be identified on the front of the form. In addition, that person will need to provide a photo I.D. and signature.

If the most recent address on file is not your current address, please complete a Change of Address Form and submit it with this form. The Change of Address Form can be found at the following location: www.nd.gov/tax/genforms.