

**DECLARATION OF MANAGERS, MEMBERS,  
GOVERNOR'S, PARTNERS AND CORPORATE OFFICERS**

(001)



NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER  
SFN 60576 (Revised 2/14)

Pursuant to North Dakota Century Code §§ 57-39.2-18.1, 57-39.2-15.2, 57-39.2-15.3, 57-38-60.1, 57-38-60.2, and 57-38-60.3, the name(s), address(es), social security number(s) and signature(s) of the corporate officer(s), manager(s), member(s), governor(s) and partner(s) responsible for the filing of the sales and use tax or income tax withholding returns must be provided for the issuance of the sales and use tax permit or an income tax withholding account. In addition, whenever this responsibility changes, this office must be notified of the change. Failure to do so may result in issued permits or accounts being revoked.

Federal Identification Number	Date
Legal Name	
DBA Name	

Printed Name	Title	Social Security Number	
Address	City	State	ZIP Code

Printed Name	Title	Social Security Number	
Address	City	State	ZIP Code

Printed Name	Title	Social Security Number	
Address	City	State	ZIP Code

Printed Name	Title	Social Security Number	
Address	City	State	ZIP Code

Printed Name	Title	Social Security Number	
Address	City	State	ZIP Code

**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. §§ 57-01-15, 57-38-56, and 57-39.2-19, 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.

**Send completed form to:**

Office of State Tax Commissioner  
Business Registration  
600 E. Boulevard Ave., Dept. 127  
Bismarck, ND 58505-0599

Fax: 701.328.0332  
Email: taxregistration@nd.gov