



REQUEST FOR COPIES OF TAX RETURNS

OFFICE OF STATE TAX COMMISSIONER

SFN 28249 (12-2020)



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.

Taxpayer's Name: (Last, First, MI)		Social Security Number/FEIN	
Spouse's Name: (Last, First, MI)		Social Security Number	
Mailing Address	City	State	ZIP Code
Tax Year(s)	Telephone Number	<input type="radio"/> Will Pick Up <input type="radio"/> Please Mail	

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.

Name of Individual (or Firm)			
Mailing 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. §§ 57-01-02, 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

Taxpayer Signature (Do not print)	Date
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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
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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 8th 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 www.nd.gov/tax/genforms.