

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	
pouse's Name: (Last, First, MI)		Social Security Number	
Mailing Address	City	State ZIP Code	
Tax Year(s)	Telephone Number	O Will Pick Up O Please M	
If you want a copy of your return(s) mailed to o and address. Name of Individual (or Firm)	r picked up by someone other than yo	urself, provide that person's nan	
Mailing Address	City	State ZIP Code	
Disclosure is mandatory. Failure to provide the social security PLEASE SIGN HERE Taxpayer Signature (Do not print)	number or FEIN may delay or prevent the proces	ing of this form. Date	
For Office Use Only			
 Enclosed is a copy of your tax return(s) for From our available information, we find no social security number or name for the yea 	record of a state return filed under the	e above	
O We have not completed the processing of t			
O Return(s) for the following year(s) are unav	vailable	_	
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 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.tax.nd.gov/forms**.

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