



Name	Date

I/We give permission to have the following information filled in with exact amounts, revealing present financial circumstances.

Signature

The following information must be completed by an official from your bank or other financial institution:

Type of Account	Average Balance (past 90 days)	
Savings	\$	
Checking	\$	
Savings Bonds	\$	
Certificate of Deposit	\$	
Savings Certificate	\$	
IRA	\$	
Burial Fund	\$	
Other (explain)	\$	
Total of all Accounts		\$

Name of Bank or Financial Institution	
Signature of Official	Date

RETURN TO: ND Department of Veterans Affairs PO Box 9003 Fargo, ND 58106-9003 Fax - (701) 239-7166

OR Cross out and have it mailed to your office

## North Dakota Office of State Tax Commissioner Request For Copies of Tax Returns



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 ID 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) 2016		O Will Pick Up O Please Mail
Taxpayer's Name: (last na	me, first name, middle initial)	Social Security No. 999-99-9999
Spouse's Name: (last name)	e, first name, middle initial)	Social Security No. 999-99-9999
and address. FAX TO 701-239-716	Melasto De curc return(s) mailed to or picked up by someor 6	LeD ne other than yourself, provide that person's name RS, PO BOX 9003. FARGO. ND 58106
PLEASE STGN HERE Signature (Do not pr	of Taxpayer int)	Date
	For Office Use	Only

0	Enclosed is a copy of your tax return(s) for the year(s) requested.
0	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.
0	We have not completed the processing of the current tax year's returns.
0	Return(s) for the following year(s) are unavailable.
Retu	rn(s) were picked up by:
Sign	ature Date

## FORM 500 - AUTHORIZATION TO DISCLOSE TAX INFORMATION & DESIGNATION OF REPRESENTATIVE



OFFICE OF NORTH DAKOTA STATE TAX COMMISSIONER SFN 28258 (12-2013)

	me of Individual, Estate, Trust, Partnership, Corporation, LLP, or LL DHN DOE		LC	Telephone No.		ntification Number*
				(701) 999-9999		AL SECURITY NO.
Name	me of Spouse, Fiduciary or Personal Representative (if applicable) APPLICABLE			Telephone No.	Spouse's Federal Identification Numbers	
IF AP						
	Address	22222	City		State	Zip Code
	PLETE WITH VETERAN'S AD					
	nated Individual (or Firm	m) (Do Not Comple	ete if Chec	king Box D Below.)		
	of Individual (or Firm)		-		Federal Ide	ntification Number
NORT	H DAKOTA DEPARTMENT C	OF VETERAN AFFAIRS	5			45-0434375
Teleph	one No.	Fax No.		E-mail Address		
	(701) 239-7165	(701) 239-	7166	jri	vera@nd.g	ov
Street	Address		City		State	Zip Code
4201	38 ST SW SUITE 104		FARGO		ND	58106
				040	2015	
/	Type of 1	Гах	Form	Number Ta	ax Year or	Period
	INDIVIDUAL INC	LOME TAX	10	040	2015	
	INDIVIDUAL INC	COME TAX	10	040	2016	
□ <b>B</b> .	Designation of Representativ	e. The Tax Commission	er is notified th	hat the above-designated indivi	idual or firm h	as been authorized
<b>B</b> .	to represent the above-named taxp	payer(s) before the Office	of State Tax C	Commissioner with respect to the	ne following n	natters:
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		Dute	Fince Signature
Signature of Spouse, if applicable	Date	Printed Spouse's Signatur	e

For Office Use Only

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)



NORTH DAKOTA DEPARTMENT OF VETERANS AFFAIRS SFN 58957 (8-2008)

Name	Loan Number
JOHN DOE	LEAVE BLANK

I hereby authorize North Dakota Veterans Affairs to make withdrawals from my account as specified below until the loan is paid in full.

Amount to Withdraw	Type of Account Checking Savings
Date to Withdraw	Starting Month LEAVE BLANK

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

Financial Institution	Branch		
NAME	IF APPLICABLE		
City	State	Zip Code	
COMPLETE	COMPLETE	COMPLETE	
Routing Number	Account Number		
COMPLETE FROM ACCT.	COMPLETE ACCT.	NO.	

This authorization is to remain in full force and effect until North Dakota Veteran's Affairs has received written notification from me of its termination in such time and in such manner as to afford North Dakota Veteran's Affairs and my financial institution a reasonable opportunity to act on it.

Name (Please print) COMPLETE AND HAVE VETERAN SIGN BELOW	Date	
Signature		

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN AUTHORIZATION

