



CASH ASSET VERIFICATION
VETERANS AFFAIRS
SFN 58539 (11-2008)

County

Name	Date
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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

**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		<input type="radio"/> Will Pick Up <input checked="" type="radio"/> Please Mail
Taxpayer's Name: (last name, first name, middle initial) JOHN DOE		Social Security No. 999-99-9999
Spouse's Name: (last name, first name, middle initial) IF APPLICABLE		Social Security No. 999-99-9999
Mailing address VETERAN'S ADDRESS <i>This needs to be circled</i>		
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. FAX TO 701-239-7166 NORTH DAKOTA DEPARTMENT OF VETERAN AFFAIRS, PO BOX 9003, FARGO, ND 58106		

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

FORM 500 - AUTHORIZATION TO DISCLOSE TAX INFORMATION & DESIGNATION OF REPRESENTATIVEOFFICE OF NORTH DAKOTA STATE TAX COMMISSIONER
SFN 28258 (12-2013)**Taxpayer Information**

Name of Individual, Estate, Trust, Partnership, Corporation, LLP, or LLC JOHN DOE		Telephone No. (701) 999-9999	Federal Identification Number* SOCIAL SECURITY NO.	
Name of Spouse, Fiduciary or Personal Representative (if applicable) IF APPLICABLE		Telephone No.	Spouse's Federal Identification Number SOCIAL SECUIRYT NO.	
Street Address COMPLETE WITH VETERAN'S ADDRESS	City	State	Zip Code	

Designated Individual (or Firm) (Do Not Complete if Checking Box D Below.)

Name of Individual (or Firm) NORTH DAKOTA DEPARTMENT OF VETERAN AFFAIRS			Federal Identification Number 45-0434375	
Telephone No. (701) 239-7165	Fax No. (701) 239-7166	E-mail Address jrivera@nd.gov		
Street Address 4201 38 ST SW SUITE 104	City FARGO	State ND	Zip Code 58106	

Check the appropriate box(es):

- ☒ **A. Authorization To Disclose Tax Information.** The Tax Commissioner is authorized to disclose confidential tax information on file with the Office of State Tax Commissioner to the above-designated individual or firm with respect to the following matters:

Type of Tax	Form Number	Tax Year or Period
INDIVIDUAL INCOME TAX	1040	2015
INDIVIDUAL INCOME TAX	1040	2016

- ☐ **B. Designation of Representative.** The Tax Commissioner is notified that the above-designated individual or firm has been authorized to represent the above-named taxpayer(s) before the Office of State Tax Commissioner with respect to the following matters:

Type of Tax	Form Number	Tax Year or Period

This designation of representative also authorizes the Tax Commissioner to disclose confidential tax information on file with the Office of State Tax Commissioner to the representative. The representative is authorized to perform all acts that the taxpayer can perform **except** that only an individual admitted and licensed to practice law in North Dakota may sign a complaint, represent the taxpayer in a formal administrative review under North Dakota Century Code ch. 28-32, or represent the taxpayer in any court proceeding.

- ☒ **C. Authorization To Disclose Tax Information Using Facsimile or E-mail.** The Tax Commissioner is authorized to use facsimile or e-mail, or both, to disclose confidential tax information on file with the Office of State Tax Commissioner to the above-designated individual or firm with respect to the above-identified matters.

- ☐ **D. Revocation.** The Tax Commissioner is notified that all authorizations and designations previously made by the above-named taxpayer(s) are revoked, and that no new authorization or designation is being made at this time. (If this box is checked, **Do Not** check Box A, Box B, or Box C.)

This authorization to disclose tax information or a designation of representative does not cover the routine mailing of tax forms, refund checks, original notices (e.g. a Notice of Determination), or other original written communications.

This authorization to disclose tax information or a designation of representative takes effect upon receipt by the Office of State Tax Commissioner and remains in effect until revoked by the taxpayer.

Signature of Taxpayer(s)

If signed by a corporate officer, partner, governor, manager, or fiduciary on behalf of taxpayer, I certify I have authority to sign this form on behalf of the taxpayer.

Signature	Title	Date	Printed Signature
Signature of Spouse, if applicable	Date	Printed Spouse's Signature	

For Office Use Only



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

NORTH DAKOTA DEPARTMENT OF VETERANS AFFAIRS

SFN 58957 (8-2008)

Name JOHN DOE	Loan Number LEAVE BLANK
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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 <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Date to Withdraw <input type="checkbox"/> 1st <input type="checkbox"/> 15th	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 NAME	Branch IF APPLICABLE	
City COMPLETE	State COMPLETE	Zip Code COMPLETE
Routing Number COMPLETE FROM ACCT.	Account Number 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

PLEASE ATTACH A VOIDED CHECK