



REQUEST FOR COPIES OF SALES AND SPECIAL TAX RETURNS

OFFICE OF STATE TAX COMMISSIONER
SFN 21802 (7-2021)



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.

Business Name (Corporation, S Corporation, LLC, LLP)		Tax Account Number	
Individual's Name (last, first, M.I.) if Sole Proprietorship or General/Limited Partnership		Social Security Number/FEIN	
Mailing Address	City	State	ZIP Code
Return Periods	<input type="radio"/> Will Pick Up <input type="radio"/> Please Mail		Telephone Number

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

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, signed, and received before the Office of State Tax Commissioner can release any return(s). The form, may be emailed to salestax@nd.gov, faxed to our office at 701-328-0336 or mailed to:

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

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 picture ID, 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 form. In addition, that person will need to provide photo identification and signature.

If the most recent address on file is not your current address, please complete an Address Change Form and submit it with this form. The Address Change Form can be found at www.nd.gov/tax/tap under updates and changes.

If you have questions on this form, please contact our office at 701-328-1246.

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 and 57-39.2-14(1), 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.

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 period(s) requested.
- From our available information, we find no record of a sales and special taxes return filed under the above business/individual name or SSN/FEIN for the period(s) requested.
- We have not completed the processing of the current tax period(s) returns.
- Return(s) for the following period(s) are unavailable. _____

Return(s) were picked up by:

Signature (Do not print)	Date
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