



OUT-OF-STATE BUSINESS DISASTER OR EMERGENCY REMEDIATION WORK NOTIFICATION

OFFICE OF STATE TAX COMMISSIONER
SFN 59510 (12-2024)

- For reference, see North Dakota Century Code (N.D.C.C.) ch. 37-17.5.
- See separate guideline for qualifications and procedures.

Out-of-state business information

Legal name of business <i>(If a sole proprietorship, enter name of individual who owns business.)</i>			
Trade or doing business as name, if different from legal name above			
Current mailing address	City	State	ZIP Code
Type of entity <input type="checkbox"/> Individual <i>(or sole proprietorship)</i> <input type="checkbox"/> Limited liability company <i>(filing as a partnership or S corporation)</i> <input type="checkbox"/> "C" corporation <input type="checkbox"/> Limited liability company <i>(treated as a disregarded entity) - Identify owner below:</i> <input type="checkbox"/> Partnership <i>(all types)</i> Owner's name: _____ SSN or FEIN: _____ <input type="checkbox"/> Subchapter S corporation <input type="checkbox"/> Other (Identify): _____			
Federal employer identification number (FEIN)		Social security number <i>(of owner, if sole proprietorship)</i>	
State of domicile	Date of state disaster or emergency declaration	Date of entry into North Dakota	
Identify work location (e.g., name of facility, city or county where infrastructure is located). Attach separate statement, if needed.			
Brief description of type of work to be performed in North Dakota. Attach separate statement, if needed.			
Name of contact person	Telephone number	Email address	

Affiliate information: If the out-of-state business identified above is affiliated with any other business that also enters North Dakota for the purpose of performing qualifying disaster or emergency remediation work under N.D.C.C. § 37-17.5, attach a separate statement showing the name, address, FEIN, and nature of affiliation (e.g., parent, subsidiary, or sister company).

Authorized signature

The undersigned attests that the above-named business and its out-of-state employees: <ul style="list-style-type: none"> • Are in North Dakota for the sole purpose of performing disaster or emergency remediation work as defined in N.D.C.C. § 37-17.5-01 in response to the disaster or emergency declared on the date indicated above; • Have valid licenses from the principal state of business or employment to perform the business activity conducted in North Dakota; and • Understand that if the business or any employee remains in North Dakota after the disaster response period expires, the business or employee is subject to all applicable business or employee registration and tax requirements under North Dakota law. The undersigned declares that, under the penalties of North Dakota Century Code ch. 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that the information provided in this statement is true to the best knowledge and belief of the undersigned.	
Signature	Date
Printed name of person signing this form	Title

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 57-38-42, 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.

Send completed form to: Email: taxregistration@nd.gov
Fax: 701.328.0332

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