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State of Arizona - Department of Veterans' Services Native American Veterans Income Tax Settlement Fund Claim

Please complete this application for a settlement payment if you are a Native American Veteran who maintained a home on tribal land during your military service between the years 1977 - 2005 and had Arizona income tax withheld on any of your active duty military pay.

Mail completed Form NASF, *Native American Veterans Income Tax Settlement Fund Claim*, and attachments to: Arizona Department of Veterans' Services Attention: NASF 3839 N. 3rd Street, Suite #209 Phoenix, AZ 85012

Telephone number: Arizona Department of Veteran Services: (602) 255-3373

Arizona Department of Revenue: (602) 716-6027

Part 1 Veteran's Information				
Veteran's First Name and Middle Initial	Last Name			Social Security Number
Name of Veteran as indicated on DD Form 214 (if different)				Veteran's Phone Number
Address		Veteran's Email Addro	ess	
City		State	ZIP Code	

Part 2 Veteran Status as a Native American

Name of Arizona Federally Recognized Indian Tribe of which the Veteran	Spouse's Name (if spouse is an enrolled member)
or Spouse is an Enrolled Member	

Part 3 Military Service

Enter the branch of service and the dates of active duty in the Armed Forces of the United States. To verify the active duty period, attach Form(s) DD Form 214 and mark the box below indicating that the form(s) is attached or mark the box to authorize the Department of Veterans' Services to request a copy of the form from the Department of Defense.

Branch of Service	Date of Military Service (Between 1977-2005)		
Dialicit of Service	From	То	

Check One:

DD Form 214 is attached, or

I completed and signed Form SF-180 authorizing the Department of Veterans' Services to request a copy of the claimant's DD Form 214 from the Department of Defense.

Please Note: Failure to provide a DD-214 or SF-180 will result in the denial of the claim.

Part 4 Residency on Tribal Land during Period of Active Duty

Check	One:	

The address on DD Form 214 was the claimant's (or claimant's spouse's) home of record address for the **entire** period of the claimant's military service covered by this claim, and is located on the tribal land to which the claimant or the claimant's spouse is a member, or

The address on DD Form 214 was not the claimant's (or claimant's spouse's) home of record address for the entire period of the claimant's military service covered by this claim, or is not located on tribal land to which the claimant or the claimant's spouse is a member. A completed Arizona Form NASF-RS, Native American Veterans Income Tax Settlement Fund Claim Residency Statement, is attached.

Part 5	Deceased	Veteran	(only comple	ete if veteran	is deceased	(t
Veteran's I	Date of Death					

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If the refund must be made payable to a person other than the veteran, enter the name and SSN of the person entitled to claim the refund. Otherwise, the check will be made payable to the estate of the decedent.

Spouse, Other Successor, or Personal Representative's First and Middle Initial	Last Name	

Social Security Number

Check the following two boxes to indicate that the required document is attached:

Attach a copy of the death certificate or other proof of death. (An original or an authentic copy of a telegram or letter from the Department of Defense notifying the next of kin of the decedent's death will constitute proof of death.) Proof of death *must* be attached if the veteran is deceased.

Attach a signed and dated Arizona Form NASF-D, Claim for Refund on Behalf of Deceased Native American Veteran. Complete this form even if you were the spouse of the veteran at the time of death.

	Your Name	as shown on	page 1)
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Your Social Security or Employer Identification Number

Part 6 Arizona Income Tax Withheld

In the columns below please enter each tax year in which Arizona income tax was withheld and the amount of Arizona income tax withheld from income for active military service during the year and reported on the federal Form W-2. Attach all federal Forms W-2. If you do not have a copy of your federal Forms W-2, or the attached federal Forms W-2 do not represent all the tax withheld from active military service during a year, check the box in the third column to request Department of Revenue obtain the claimant's W-2 Form information from the Department of Defense. For each tax year listed, answer the question in the fourth column. The Native American Veterans Income Tax Settlement Fund passed in 2016 allows refunds of Arizona income tax withholding from September 1, 1993 through December 31, 2005. In 2017, the Arizona legislature amended the Native American Veterans Income Tax Settlement Fund by extending the dates to claim a refund to July 1, 1977 (the earliest known date of any state income tax withholding on military compensation) after it was discovered there may have been Arizona income tax withholding on military compensation prior to 1993. Effective August 9, 2017 claims for refund of Arizona withholding may be granted for tax years 1977 through 2005.

(1) Tax Year (1977 to 2005)	(2) Amount of Arizona Income Tax Withheld from the attached copy of Form W-2. (Enter "Do not have W-2" if you do not have a Form W-2 for this year.)	(3) I request that the Department of Revenu obtain the claimant's Form W-2 information for the tax year	
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$	Yes No	Yes No
	\$		Yes No
	\$		
	\$		

Part 7 Signature of Claimant

Under penalty of perjury, I declare I have examined this application, including accompanying schedules, statements and attachments, and to the best of my knowledge and belief it is true, correct, and complete.

Print Name of Veteran (if deceased, personal representative or legal successor) Signature

Date

FOR DEPARTMENT of VETERANS' SERVICE USE ONLY

Verification of Veteran's Status by the Department of Veterans' Services

The Department of Veterans' Services has fulfilled their obligation under the Arizona Laws 2016, Chapter 125 § 19-29.

Print Name of Director of Department of Veterans' Services or delegate

Title

Date