

DO NOT STAPLE

2. Federally Adjusted Gross Income of Participant *(Check one box.)*

Refer to your North Dakota state income tax return you are submitting with this application to determine your federally adjusted gross income, then check the appropriate box below.

Single Filer *(\$0–\$100,000)*

Joint Filer *(\$0–\$150,000)*

I have not recently filed a North Dakota state income tax return or I do not have a copy of my most recently filed North Dakota state income tax return (or my spouse's because he/she filed separately) and understand I may be asked to provide other evidence of eligibility upon request.

3. SIGNATURE — YOU MUST SIGN BELOW

By signing below I certify that:

- I have read and agree to the terms regarding the BND Match Program as described in the **BND Match Instructions** and the Disclosure Statement.
- I certify that the information I have provided is true, complete, and accurate, and I consent to and authorize the use of my private data as described in the enclosed **BND Match Instructions**.
- If I am submitting private data belonging to another individual, I certify that I am providing such private data with the knowledge and permission of such individual.

SIGNATURE

Signature of Participant

□□ – □□ – □□□□

Date *(mm/dd/yyyy)*