



CUSTOMIZED/SUPPORTED EMPLOYMENT TAX CREDIT CERTIFICATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

VOCATIONAL REHABILITATION

SFN 683 (5-2023)

Disclosure of the social security number is voluntary and is requested for the purpose of accurate identification. Failure to disclose a social security number will not affect the disclosure of other information.

Vocational Rehabilitation and the North Dakota Office of State Tax Commissioner jointly administer the North Dakota Customized/Supported Employment Tax Credit Program, fostering the hiring of individuals who have faced significant barriers to employment. The North Dakota Customized/Supported Employment Tax Credit Program provides an income tax credit to employers who hire qualifying employees. To participate in the program and qualify for the tax credit, an employer must request a certification letter from Vocational Rehabilitation indicating that the employee qualifies for the program. The employer must include a copy of the certification letter with the employer's North Dakota income tax return for each tax year the tax credit is claimed.

Your written authorization is required to provide your employer and the North Dakota Office of State Tax Commissioner with a letter certifying your eligibility.

Employee and Employer Information					
Name of Employee (Last, First, Middle Initial)		Social Security Number		Date	
Address		City		State	ZIP Code
Name of Employer		Point of Contact		Date of Hire	
Address		City		State	ZIP Code

I Authorize:	To Release To:
Vocational Rehabilitation 1000 E. Divide Ave Bismarck ND 58501	1. North Dakota Office of the State Tax Commissioner 600 E. Boulevard Ave Bismarck ND 58505
	2. My employer listed above

Information To Be Released:
First and last name and middle initial, name and address of employer listed above, date of hire, status as a participant in the Vocational Rehabilitation Customized/Supported Employment Program, and eligibility for the North Dakota Customized/Supported Employment Tax Credit Program.

Purpose of Release:
To certify my eligibility for the North Dakota Customized/Supported Employment Tax Credit.

Expiration and Revocation:
This authorization remains in effect until 18 months from the signature date unless specifically revoked. This authorization can be revoked at any time, except to the extent that my information has already been disclosed in reliance on it, by sending written notice to Vocational Rehabilitation, 1000 E. Divide Ave, Bismarck ND 58501.

This authorization is voluntary and I have the right to refuse to sign it. My refusal to sign will not affect my ability to receive services through Vocational Rehabilitation. Information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer protected by state or federal privacy laws.

Unless otherwise agreed in writing, the above information may be released under this authorization in any form or medium, including verbal, written or electronic transmission. A photocopy of this authorization is as effective as the original.

Signature of Employee		Date
Signature of Parent/Guardian (if needed)	Relationship	Date