



ND RYAN WHITE PROGRAM PART B INCOME TAX VERIFICATION

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF DISEASE CONTROL

SFN 58587 (11-2013)

Client's Name	ND Ryan White Client Number
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Income Tax Verification

I did not file income tax in 20____. This statement is true to the best of my knowledge.

I currently have no income and have not received income since _____.

Signatures

_____ Client	_____ Date
_____ Case Manager	_____ Date