

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 Address	
City	State	ZIP Code

Part 2 Veteran Status as a Native American	
Name of Arizona Federally Recognized Indian Tribe of which the Veteran or Spouse is an Enrolled Member	Spouse's Name (if 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)	
	From	To
Check One:		
<input type="checkbox"/> DD Form 214 is attached, or		
<input type="checkbox"/> 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:
<input type="checkbox"/> 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
<input type="checkbox"/> 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 complete if veteran is deceased)		
Veteran's Date of Death		
M M D D Y Y Y Y		
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:		
<input type="checkbox"/> 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 <i>must</i> be attached if the veteran is deceased.		
<input type="checkbox"/> Attach a signed and dated Arizona Form NASF-D, <i>Claim for Refund on Behalf of Deceased Native American Veteran</i> . Complete this form even if you were the spouse of the veteran at the time of death.		

