

**Alaska Department of Revenue**  
**Permanent Fund Dividend Division**  
**2009 Adult Prior Year Non-Filer**

*This is not an application.*

Printed Name	Social Security Number	Date of Birth
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1. **Explain why you did not apply for a 2008 Permanent Fund Dividend.** Attach additional sheets if necessary.

2. Were you absent from Alaska at any time from January 1, 2007 through December 31, 2008?  Yes  No

3. If **Yes** to question 2, list the dates you were absent from Alaska during the period between January 1, 2007 through December 31, 2008. Write the absence reason code in the space provided and explain the reason for each absence. Attach additional sheets as needed for explanation.

Code (A-Q)	Absence Begin Date Month/Day/Year	Absence End Date Month/Day/Year	Why were you absent?
[ ]	[ ][ ]/[ ][ ]/[ ][ ]	[ ][ ]/[ ][ ]/[ ][ ]	_____
[ ]	[ ][ ]/[ ][ ]/[ ][ ]	[ ][ ]/[ ][ ]/[ ][ ]	_____
[ ]	[ ][ ]/[ ][ ]/[ ][ ]	[ ][ ]/[ ][ ]/[ ][ ]	_____
[ ]	[ ][ ]/[ ][ ]/[ ][ ]	[ ][ ]/[ ][ ]/[ ][ ]	_____

**AbsenceCode**

A. Accompanied an **eligible Alaska resident** as the resident's spouse or disabled dependent.

Name of the Alaska Resident You Were With <i>First Name MI Last Name</i>	
Alaska Resident's SSN	Date of Birth

- B. Enrolled and attended school as a full-time student receiving postsecondary education (beyond grade 12).
- C. Served on active duty as a member of the U.S. Armed Forces.
- D. Received continuous medical treatment under a licensed physician's care. Attach physician's statement.
- E. Served as a member of Alaska's congressional delegation or staff.
- F. Served as a volunteer in the federal Peace Corps program. Attach proof.
- G. Trained or competed as a member of the U.S. Olympic team. Attach proof.
- H. As a requirement of employment by the State of Alaska.
- I. Vacated.
- J. Sought employment or was employed for a reason other than B, C, E, H or Q. Attach explanation.
- K. Other reasons. Attach explanation.
- L. Cared for a parent, spouse, sibling, child or stepchild with a critical life-threatening illness which required the ill individual to leave Alaska for treatment.

**Absence Reason Codes (continued)**

- M. Settled the estate of a deceased parent, spouse, sibling, child or stepchild.
- N. Provided care for a terminally ill family member.
- P. Employed aboard a vessel of the U.S. Merchant Marine.
- Q. Enrolled and attended school as a full-time student receiving secondary education (grades 7 through 12).

**Notice:** You must provide the requested information within 30 days after the date of this request. If you do not, your application will be denied in accordance with 15 AAC 23.173(d).

**Your Signature is Required**

**Release of Information:** I authorize the Alaska Department of Revenue to obtain confidential information to verify my eligibility. I authorize the release of confidential records necessary to verify my eligibility from any public agency including the Social Security Administration; Internal Revenue Service; Department of Defense; and Alaska Department of Health and Social Services, Division of Public Assistance and Office of Children's Services. I agree that a copy of this authorization is as valid as the original.

**I certify that the information which I supplied on and with this form is true and correct.**

Your Signature	Date
Daytime Telephone Number	