

Appendix B



Name of Financial Institution: _____
Address 1: _____
Address: _____
City, State Zip: _____

Date Submitted: _____
Quarter Ended: _____

INVOICE

Minnesota Department of Revenue
FINANCIAL INSTITUTION DATA MATCH AGREEMENT

Quarterly Matching Expense

If your institution uses a Service Bureau, please complete the following:

- a. Name of Service Bureau _____
- b. Service Bureau fee for FIDM processing \$ _____

If your institution does not use a Service Bureau, please complete the following:

- a. Salary and Fringe \$ _____
- b. Non-Salary Expenditures \$ _____

Total Quarterly Match/Extract Costs \$ _____

Financial institutions are responsible for maintaining detail schedules supporting these expenditure claims for twenty-seven (27) months.

Invoices should be sent to:

Revenue FIDM Invoice Clerk
Minnesota Revenue
PO Box 64447
St. Paul, MN 55164-0915