

# South Dakota Department of Revenue

## Property Data E-File System Sign Up

This form is for the registration with the South Dakota Department of Revenue, Property Tax Division, for the purposes of issuing credentials for the Property Data E-File Portal. This form must be completed and returned to **support@axiomnh.com**.

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### County Information

County

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### Primary Contact Information-Auditors Office

Please enter the contact information for the primary contact who will be managing the E-File process for the Auditor's office..

*The person entered here will be issued an administrative-level account capable of submitting information and managing other users for the organization within the portal.*

First Name

Last Name

Position

E-mail

Phone

### Primary Contact Information-Director of Equalization Office

Please enter the contact information for the primary contact who will be managing the E-File process for the Director of Equalization's office..

*The person entered here will be issued an administrative-level account capable of submitting information and managing other users for the organization within the portal.*

First Name

Last Name

Position

E-mail

Phone

## Additional User Accounts

Please enter the contact information for additional users that you want to have access to the portal. If the user is a third-party please select the check-box acknowledging that they have the right to file on behalf of your county.

Users have two levels, Level 1 users can enter information into the rendition, and Level 2 users can enter information into forms and submit to DOR. Please indicate the level of access for each party below. If you require more than four additional users, you may submit multiple copies of this page of the form.

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First Name

Last Name

E-mail

Assigned User  
Level

Level 1  
Level 2

Third-party user who may access  
the portal on behalf of the  
organization

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First Name

Last Name

E-mail

Assigned User  
Level

Level 1  
Level 2

Third-party user who may access  
the portal on behalf of the  
organization

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First Name

Last Name

E-mail

Assigned User  
Level

Level 1  
Level 2

Third-party user who may access  
the portal on behalf of the  
organization

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First Name

Last Name

E-mail

Assigned User  
Level

Level 1  
Level 2

Third-party user who may access  
the portal on behalf of the  
organization

## **CERTIFICATION**

Please enter the contact information of the person completing this form.

*I declare under penalty of perjury that all statements and information contained herein are true and correct.*

First Name

Last Name

Position

E-mail

**Following the submission of this form,  
credentials will be issued to all requested users within 24 hours.**