

State Department of Revenue

Tax Disclosure Consent to Print

This consent form authorizes the State Department of Revenue to disclose confidential tax information and permits the printing of official state tax records as specified below. Please complete all fields manually prior to printing this document.

1. Taxpayer Information

Taxpayer Full Name or Business Name:

Taxpayer Identification Number (SSN or FEIN):

Mailing Address:

State of Residence or Incorporation:

2. Scope of Tax Disclosure

Type of Tax (e.g., Income, Sales, Corporate):

Tax Year(s) or Period(s):

3. Third-Party Designee (If Applicable)

I authorize the State Department of Revenue to release and disclose the confidential tax information specified above to the following individual or organization:

Designee Full Name or Organization:

Designee Address:

4. Authorization and Electronic Signature

By typing your name below, you certify under penalty of perjury that you are the taxpayer, or that you are authorized to execute this consent on behalf of the taxpayer. You further authorize the Department of Revenue to generate a printable copy of your tax records.

Authorized Signature (Type Name):

Title (if acting on behalf of a business entity):

Date (MM/DD/YYYY):