



# Confidential Tax Information Authorization

EXC/TIA

**Attention:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_  
Unless otherwise directed, fax to (360) 705-6696

Tax information is confidential and cannot be shared with anyone without the taxpayer's express permission. By completing this form, you are authorizing the Department of Revenue to share your tax information with the person(s) you name below. Please fill in all parts of this form, carefully describing the specific information you want the Department to share and the periods covered by this authorization. This request may cover all tax information we have on file, or it may be limited to certain information and/or periods of time. **Please read instructions on Page 2.**

**NOTE: This form will remain in effect until cancelled or replaced. Please refer to the Instructions on Page 2, Part 3.**

**1. Enter UBI/Tax Registration Number or other DOR identifying number**

**2. Name of taxpayer giving the Department of Revenue Authorization to share tax information**

Taxpayer or business name(s) and mailing address:	Telephone: _____
	Fax : _____
	E-mail: (optional) _____
	FEIN No: (optional) _____
	Check if new: <input type="checkbox"/> Address <input type="checkbox"/> Phone No.

**3. Person, company, or firm with whom your confidential tax information can be shared**

Name and mailing address:	Telephone: _____
	Fax : _____
	E-mail: (optional) _____
	Check if: <input type="checkbox"/> <i>New or replaces current Authorization</i>
	<input type="checkbox"/> <i>Adds an additional person or company to current Authorization on file</i>

**4. Information to be shared (please describe or state "All")**      **5. Year(s) or filing period(s) (be specific or state "All")**

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**6. Signature of taxpayer giving authorization (see instructions)**

I declare that I am authorized to execute this form on behalf of the business/account for the information and periods stated above. I am listed in official records held by Washington Secretary of State or Department of Licensing as the owner, partner, corporate officer, member of the LLC, or am otherwise authorized to sign on behalf of this business/account. I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

X _____ Print Name	_____ Title (if applicable) Please Print
X _____ Signature	_____
_____ Dated	_____ City and State in Which Signed

**7. Make a copy of this completed form for your files. Send by mail or fax to Department of Revenue. See Instructions, Part 7.**

**For department use only**  
Verification: Employee name \_\_\_\_\_

## Instructions for Completing the Confidential Tax Information Authorization

The Confidential Tax Information Authorization form (Authorization) grants the Department of Revenue (DOR) permission to disclose to any individual, corporation, firm, organization, or partnership you designate to inspect and/or receive your confidential tax information for the type of tax and year(s) or period(s) you list on the form. Please read the instructions that follow.

### **PLEASE PRINT OR TYPE**

If you were asked to send this document to a specific department employee, enter that person's name on the **Attention** line at the top of the document along with his or her fax number. Otherwise, see instructions Part 7.

#### **Part 1**

Please enter your UBI/Tax Registration Number or other identifying number assigned by DOR (e.g. 600-600-600).

#### **Part 2**

Provide complete information about the taxpayer that is granting authorization for disclosure of their confidential tax information. This must include the following information or the Authorization cannot be processed:

- Legal name of the taxpayer (eg. owner name/partnership name/corporate name/ limited liability company (LLC) name etc).
- Mailing address of the taxpayer.
- Contact telephone number for the taxpayer (including fax number, e-mail address, and FEIN if available).
- Indicate if either the address or telephone number are new to the account.

#### **Part 3**

Provide complete information regarding the person or company to whom the information is to be disclosed. This must include the following information or the Authorization cannot be processed:

- Name of the person, company, or firm to whom the information can be released.
- Full mailing address of the person, company, or firm.
- Contact telephone number of the person, company, or firm (including fax number and e-mail address if available).
- Check the applicable box \* indicating whether this Authorization is new or replaces current Authorization(s) on file, or adds an additional person or company to the current Authorization on file.

**(\*Checking the new or replacement box will cancel previous Authorization on file)**

#### **To only cancel an existing Authorization on your account**

Complete Parts 1, 2, 3, and 6. In Part 3 write "cancel previous Authorizations" in the name and address box.

#### **Part 4**

Indicate the information to be released to the person or company. You can choose to be very specific, limiting the information to be disclosed, or you can indicate "all" to indicate no limitations to the information to be disclosed.

#### **Part 5**

Indicate the year(s) or filing period(s) for the information that you wish to be disclosed to the person or company, or state "all" to indicate that there are no limitations.

#### **Part 6**

To complete this section, you must be an authorized signer. Authorized signers are generally the business owner, a partner, corporate officer, or LLC member listed in Washington State records. If you can't be verified by the Department as an authorized signer, it is your responsibility to provide supporting documentation that indicates you are authorized to give the Department this permission (e.g. corporate minutes, annual report, letter of delegation, job description, certain in-person contact, guardian, executor, receiver, administrator, etc.). If your documentation can't be verified, your request will not be allowed and you will be notified by the Department.

#### **Part 7**

Keep a copy of this completed form for your files. Unless instructed otherwise, fax this form to Taxpayer Services, (360) 705-6696 or mail to PO Box 47478, Olympia, WA 98504-7478.

If you have questions, visit [dor.wa.gov](http://dor.wa.gov) or call 1-800-647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users may call 1-800-451-7985.