

ARIZONA FORM

285A

Effective February 29, 2000

Audit Disclosure Authorization Form

ARIZONA DEPARTMENT OF REVENUE

This form authorizes the Department to disclose confidential information of the taxpayer(s) named below to the appointee(s) named below for the tax type(s) specified below. This form is NOT A POWER OF ATTORNEY and DOES NOT grant the appointee(s) any powers of representation.

1. TAXPAYER INFORMATION - Please print or type. *Enter only those that apply:*

TAXPAYER NAME(S)	FEDERAL EMPLOYER IDENTIFICATION NUMBER
PRESENT ADDRESS - NUMBER AND STREET, RURAL ROUTE, APARTMENT/SUITE NO.	ARIZONA WITHHOLDING NUMBER
CITY, TOWN OR POST OFFICE STATE ZIP CODE	ARIZONA TRANSACTION PRIVILEGE TAX LICENSE NUMBER
DAYTIME TELEPHONE NUMBER (with area code)	SOCIAL SECURITY NUMBERS

2. APPOINTEE INFORMATION **2ND APPOINTEE (if applicable)**

NAME	NAME
ADDRESS (IF DIFFERENT FROM TAXPAYER'S ADDRESS ABOVE)	ADDRESS (IF DIFFERENT FROM TAXPAYER'S ADDRESS ABOVE)
CITY, TOWN OR POST OFFICE STATE ZIP CODE	CITY, TOWN OR POST OFFICE STATE ZIP CODE
DAYTIME TELEPHONE NUMBER (with area code)	DAYTIME TELEPHONE NUMBER (with area code)
SOCIAL SECURITY OR ID NUMBER (Please specify type)	SOCIAL SECURITY OR ID NUMBER (Please specify type)

3. TAX MATTERS. The appointee is authorized to receive and discuss confidential information for the tax matters listed below.

TAX TYPE	YEAR(S) OR PERIOD(S)	TYPE OF RETURN/OWNERSHIP		
<input type="checkbox"/> Income Tax		<input type="checkbox"/> Individual Joint Return	<input type="checkbox"/> Individual Single Return	<input type="checkbox"/> Corporation
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Fiduciary-Trust	<input type="checkbox"/> Fiduciary-Estate
<input type="checkbox"/> Transaction Privilege and Use Tax		<input type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
<input type="checkbox"/> Withholding Tax		<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> Other (specify tax type):		Specify type of return(s)/ownership:		

4. REVOCATION OF EARLIER AUTHORIZATION(S)

If you wish to revoke any earlier authorizations or Powers of Attorney on file with the Arizona Department of Revenue, please check this box..... **4**

The revocation will be effective as to ALL earlier authorizations and Powers of Attorney (even those relating to a different tax type) on file with the Department of Revenue except those specified (please specify):

5. SIGNATURE OF OR FOR TAXPAYER

I hereby certify that the Arizona Department of Revenue is authorized to release any and all confidential information concerning the above-mentioned Taxpayer. By signing this form, I certify that I have the authority, within the meaning of A.R.S. §42-2003(A), to execute this authorization form on behalf of the above-mentioned corporation(s), limited liability company(ies), trust(s), estate(s), partnership(s), and/or individual(s). I understand that to knowingly prepare or present a document which is fraudulent or false is a class 5 felony pursuant to A.R.S. §42-1127(B)(2).

SIGNATURE	SIGNATURE
DATE	DATE
PRINT NAME	PRINT NAME
TITLE	TITLE