

Audit Disclosure Authorization Form

You must sign section 5

1. TAXPAYER INFORMATION: Please print or type.			<i>Enter only those that apply:</i>		
Taxpayer Name(s)			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 (with area code)			Social Security Number(s)		

2. APPOINTEE INFORMATION			2nd APPOINTEE INFORMATION (if applicable)		
Name			Name		
Address (if different from taxpayer's address above)		Apartment/Suite No.	Address (if different from taxpayer's address above)		Apartment/Suite No.
City, Town or Post Office	State	Zip Code	City, Town or Post Office	State	Zip Code
Daytime Phone (with area code)			Daytime Phone (with area code)		
Social Security or Other ID No.	Type		Social Security or Other ID No.	Type	

3. TAX MATTERS: The appointee is authorized to receive 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	<input type="checkbox"/> Corporation		
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Fiduciary-Estate/Trust		
<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"/> Trust
		<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Estate	
<input type="checkbox"/> Withholding Tax					
<input type="checkbox"/> Other (specify tax type):		Specify type of return(s)/ownership:			

4. REVOCATION OF EARLIER AUTHORIZATION(S)

This authorization does not revoke any earlier authorizations or Powers of Attorney on file with the Arizona Department of Revenue unless the revocation box to the left is checked. The revocation will be effective as to all earlier authorizations and Powers of Attorney on file with the Arizona 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 DATE

 PRINT NAME

 TITLE

→ _____
 SIGNATURE DATE

 PRINT NAME

 TITLE