

**CONFIDENTIAL TAX INFORMATION  
 AUTHORIZATION**

EXC/TIA

*The Representative named on this form is authorized to receive confidential tax information from the Department of Revenue. This form will be placed in the taxpayer's file.*

*If you want copies of documents, please send a separate request with this authorization to Department of Revenue, Taxpayer Services, PO Box 47478, Olympia WA 98504-7478 or fax (360) 705-6655.*

**1. Taxpayer / Business Information (please type or print)**

|   |  |
|---|--|
| UBI/Registration No: _____<br>Taxpayer name(s) and address: _____ | Telephone No: _____<br>Fax No: _____<br>E-Mail: _____<br>Check if new: <input type="checkbox"/> Address <input type="checkbox"/> Phone No. |
|---|--|

**2. Representative (please type or print)**

|   |   |
|---|---|
| Name (include title, CPA, attorney, etc., if applicable) & address: _____ | Telephone No: _____<br>Fax No: _____<br>E-Mail: _____ |
|---|---|

**3. Authorized Information (please describe or state 'All')**

**4. Year(s) or Period(s) (please be specific or state 'All')**

|  |  |
|--|--|
|  |  |
|--|--|

**5. Retention/Revocation of Confidential Tax Information Authorization**

If you want to revoke a prior tax information authorization, check this box. .... =>

**Please attach a copy of any tax information authorization you want to revoke.**

**6. Signature of Taxpayer(s)**

I certify that I am shown in official Washington state records as the owner, corporate officer, registered agent, or partner of the above business/account and that I am authorized to execute this form on behalf of the business/account for the information and periods stated above. **If you are the guardian, executor, receiver, administrator, or trustee, please provide proof of your authorization.**

**=> IF THIS CONFIDENTIAL TAX INFORMATION AUTHORIZATION IS NOT SIGNED AND DATED, IT WILL BE RETURNED.**

|   |       |            |       |      |       |
|---|-------|------------|-------|------|-------|
| X | _____ | Print Name |       |      |       |
| X | _____ | Signature  | _____ | Date | _____ |
| X | _____ | Print Name |       |      | _____ |
| X | _____ | Signature  | _____ | Date | _____ |
|   |       |            |       |      | _____ |
|   |       |            |       |      | _____ |

**7. Make a copy of this form for your files. Mail original form to Department of Revenue.**

If you have questions, visit <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.