



Department of Revenue  
Taxpayer Services  
PO Box 47478  
Olympia WA 98504-7478

# CONFIDENTIAL TAX INFORMATION AUTHORIZATION



**9999999**

The Representative named on this form is authorized to inspect and /or receive CONFIDENTIAL tax information from the Department of Revenue.

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

UBI/Registration No. \_\_\_\_\_  
Taxpayer name(s) and address: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Fax No. ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Check if new:  Address  Phone No.

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

Name (include title, CPA, attorney, etc., if applicable) and address \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Fax No. ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

**3. Authorized Information (please write in appropriate tax)**

**Year(s) or Period(s)**

Audit, Refund, or Unlimited

Excise Tax Return (Business & Occupation, Sales & Use, Public Utility, etc.)

Use Tax Return (Recreation Vehicles, Boats, etc.)

Other Taxes (Property, Forest, Real Estate, etc.)

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

This confidential tax information authorization automatically revokes all earlier tax information authorizations on file with the Department of Revenue for the SAME tax matters and years or periods covered by this document. If you do not want to revoke a prior tax information authorization, check this box.

**Please attach a copy of any tax information authorization you want to remain in effect.**

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

If a tax matter concerns a joint return, husband and/or wife may sign. I/We certify that I/We have the authority to execute this form with respect to the tax matter/periods covered as the owner, corporate officer, partner, guardian, executor, receiver, administrator, or trustee of the above named business.

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

X \_\_\_\_\_  
Print Name

X \_\_\_\_\_ Date \_\_\_\_\_ Title (if applicable) \_\_\_\_\_  
Signature

X \_\_\_\_\_  
Print Name

X \_\_\_\_\_ Date \_\_\_\_\_ Title (if applicable) \_\_\_\_\_  
Signature

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

To inquire about the availability of this document in an alternate format for the visually impaired or a language other than English, please call (360) 753-3217. Teletype (TTY) users may call (800) 451-7985. You may also access tax information on our home page at <http://dor.wa.gov>.