

ARIZONA FORM

285A

Effective February 29, 2000

Audit Disclosure Authorization Form

ARIZONA DEPARTMENT OF REVENUE

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 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 Telephone Number (with area code)			Daytime Telephone Number (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 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"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> Withholding Tax				
<input type="checkbox"/> Other (specify tax type):		Specify type of return(s)/ownership:		

4. REVOCATION OF EARLIER AUTHORIZATION(S)

Check this box if you wish to revoke any earlier authorizations or Powers of Attorney on file with the Arizona Department of Revenue. 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 DATE

PRINT NAME

TITLE

→ _____
SIGNATURE DATE

PRINT NAME

TITLE