

Authorization to Release Tax Information

Completion and submission of this form authorizes the Delaware Division of Revenue to release confidential information of the Taxpayer(s) named below to the authorized person(s) or organization named below for the tax type(s) specified below. This form does not give Power of Attorney and does not grant the authorized person(s) or organization any powers of representation. Unauthorized disclosure of tax information is a criminal offense.

Read the instructions below before completing this form.

Print or Type	Your name or name of entity	Social Security or Federal Employer ID number
	Spouse's name, if joint (or corporate officer, partner or fiduciary if a business)	Spouse's Social Security number (if a joint return)
	Street address	City State Zip code

I authorize the following person or organization to inspect and/or receive private and non-public information in regard to the tax types and periods provided below.

Authorized Person or Organization	Name of person or organization to receive tax information	Name of firm (if applicable)
	Street address	City State Zip code
	Phone Number ()	Fax Number ()

The above person or organization is authorized to receive the following tax information (check all that apply):

Tax Information	Type of Tax	Year(s) or Period(s)	Type of Tax	Year(s) or Period(s)
	<input type="checkbox"/> Individual Income	_____	<input type="checkbox"/> Gross Receipts	_____
	<input type="checkbox"/> Corporate Income	_____	<input type="checkbox"/> Withholding	_____
	<input type="checkbox"/> Pass-through Return	_____	<input type="checkbox"/> Other (please specify)	_____

The authorization to release tax information is not valid until it is signed and dated. It will expire 60 days after the information is released. By signing this form, I hereby certify that the Delaware Division of Revenue is authorized to release any and all confidential information concerning the above mentioned Taxpayer under penalty of law. A copy of this form will be mailed to the individual(s) authorizing the release.

Sign Here	Your Signature or that of Corporate Officer, Partner or Fiduciary	Print Name (and Title, if applicable)	Date	Phone ()
	Spouse's signature (if joint)	Print Spouse's name (if joint)	Date	Phone ()

Mail to: Delaware Division of Revenue, 820 North French Street, Wilmington, DE 19801

Form 8821DE Instructions

Purpose of this form

You must complete, sign and return this form if you want to authorize a person or organization to inspect and/or receive certain private or nonpublic information concerning your state taxes.

By completing and signing this form, you are authorizing the Division of Revenue to release tax information to the person or organization you have indicated.

Revenue *will* accept copies of the form, including those from a FAX machine.

This authorization will expire 60 days after the information is released to the person or organization you have indicated.

Your Signature

The authorization to release tax information is not valid until it is signed and dated. Your spouse must also sign if joint returns are listed. Your signature at the bottom of this form authorizes the individual or organization you designate to only be able to inspect and/or receive confidential tax information on your behalf.

Questions?

If you have questions on how to complete this form or to fax this form, call (302) 577-8200 for a staff contact who will provide you with a fax number. You must include a Division of Revenue contact name on all faxed authorization forms.