MINNESOTA · REVENUE

REV185

Authorization to Release Tax Information

Read the instructions on the back before completing this form.

Print or type

Your name or name of entity | Social Security, Minnesota ID, or federal 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

Authorized person or organization

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

Name of person or organization to receive tax information | Name of firm (*if applicable*)

Street address | City | State | Zip code

Phone number ( ) | FAX number ( )

Tax information

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

Type of tax	Year(s) or period(s)	Type of tax	Year(s) or period(s)
☐ Individual income		☐ Sales and use	
☐ Property tax refund		☐ Withholding	
☐ Corporate franchise		☐ Other (*please specify*):	

The authorization to release tax information is not valid until it is signed and dated. It will expire once the information is released.

Sign here

Your signature or signature of corporate officer, partner or fiduciary | Print your name (*and title, if applicable*) | Date | Phone ( )

Spouse's signature (*if joint*) | Print spouse's name (*if joint*) | Date | Phone ( )

(Rev. 12/10)
Stock No. 6000185

Mail to: Minnesota Department of Revenue, Mail Station 7703, St. Paul, MN 55146-7703

Form REV185 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 department to release tax information to the person or organization you designate.

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

This authorization will expire once 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 may 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, call (651) 296-3781 or 1-800-652-9094.

TTY users, call Minnesota Relay at 711.