

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>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.</i> | | | | | | | | | | | | | | | | | |
| | 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): | | | | | | | | | | | | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Type of tax</td> <td style="width: 30%;">Year(s) or period(s)</td> <td style="width: 30%;">Type of tax</td> <td style="width: 30%;">Year(s) or period(s)</td> </tr> <tr> <td><input type="checkbox"/> Individual income</td> <td>_____</td> <td><input type="checkbox"/> Sales and use</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Property tax refund</td> <td>_____</td> <td><input type="checkbox"/> Withholding</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Corporate franchise</td> <td>_____</td> <td><input type="checkbox"/> Other (please specify):</td> <td>_____</td> </tr> </table> | Type of tax | Year(s) or period(s) | Type of tax | Year(s) or period(s) | <input type="checkbox"/> Individual income | _____ | <input type="checkbox"/> Sales and use | _____ | <input type="checkbox"/> Property tax refund | _____ | <input type="checkbox"/> Withholding | _____ | <input type="checkbox"/> Corporate franchise | _____ | <input type="checkbox"/> Other (please specify): | _____ | |
| Type of tax | Year(s) or period(s) | Type of tax | Year(s) or period(s) | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Individual income | _____ | <input type="checkbox"/> Sales and use | _____ | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Property tax refund | _____ | <input type="checkbox"/> Withholding | _____ | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Corporate franchise | _____ | <input type="checkbox"/> Other (please specify): | _____ | | | | | | | | | | | | | | | |
| Sign here | <i>The authorization to release tax information is not valid until it is signed and dated. It will expire once the information is released.</i> | | | | | | | | | | | | | | | | | |
| | 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 () | | | | | | | | | | | | | | | | |
| | Mail to: Minnesota Department of Revenue, Mail Station 7703, St. Paul, MN 55146-7703 | | | | | | | | | | | | | | | | | |

(Rev. 12/10)
Stock No. 6000185

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.