

## Authorization to Communicate through E-mail Transmission

Please print

Your name or name of entity	Social Security or Minnesota tax ID number (or FEIN)
Spouse's name, if joint (or corporate officer, partner or fiduciary if a business)	Spouse's Social Security number, if joint
Your e-mail address (or e-mail address of spouse, entity or representative)	
Check if the above e-mail address is for: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Entity <input type="checkbox"/> Representative (name _____)	

Authorization

I authorize the Minnesota Department of Revenue to communicate through the above e-mail address with me, or the entity for which I am signing, or with my or the entity's representative named in a separate Power of Attorney.

I understand that private tax data about me, or nonpublic tax data about the entity, may be transmitted over the Internet. I or the entity accepts the risk that the data may be accessed by someone other than the intended recipient.

This authorization remains in effect until I or the entity notifies the Minnesota Department of Revenue in writing (either by mail or facsimile transmission) that the authorization is revoked. This authorization may be revoked by me or the entity at any time.

If this is an authorization to allow the Minnesota Department of Revenue to communicate electronically with my appointed tax representative, I understand that the authorization remains in effect only as long as the Power of Attorney granted to that representative remains in effect.

I further agree that the Minnesota Department of Revenue is not liable for any damages I or the entity may incur as a result of interception by a third party of an e-mail transmission sent by the department pursuant to this authorization.

Sign here

*This authorization is not valid unless signed and dated. Your spouse may also sign if you file jointly.*

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

Return the completed form to the Minnesota Department of Revenue representative who requested it.