

FORM 156 AUTHORIZATION FOR THE RELEASE OF TAX RECORDS/INFORMATION

I hereby authorize the Comptroller of Maryland to release the confidential Maryland tax records and information of:

TAXPAYER*:	*Also known as	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	PHONE NUMBER
STREET ADDRESS		
CITY	STATE	ZIP CODE

The information is to be released to:

NAME	AGENCY	
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER		

Any and all tax records and/or information (including liabilities, delinquencies, liens, etc.) for the following years:

- 2003 2004 2005 2006 2007 2008 2009
 2010 2011 2012 2013 Other _____

The purpose for such disclosure is:

- At my request Payment/Insurance Healthcare Employment Other: _____

This authorization will expire one year from the date it is signed unless a shorter period of time is indicated here:

Authorization For The Release of Tax Records

I understand:

- This authorization is voluntary.
- I may receive a copy of this form.
- I may inspect my confidential tax information without signing this form.
- This authorization to disclose information may be revoked by me at any time, except to the extent that action has been taken prior to receipt of revocation. To revoke the authorization, I understand that I must notify the Comptroller of Maryland in writing.

_____	_____
Taxpayer or Personal Representative's Signature	Date
_____	_____
Printed Name of Taxpayer or Personal Representative	Phone Number

If the signature is other than the taxpayer's, explain your authority to act for the taxpayer, and attach the appropriate documentation (Power of Attorney, Letter of Administration, etc.):

_____	_____	_____
Signature of Witness	Date	Printed Name of Witness

MAIL TO: Legal Section
Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411

FAX: 410-974-2968

OFFICE USE ONLY			
Tax Year(s)	Account No.(s)	Taxpayer's Signature(s) verified by	
		Photocopied by	Reviewed by
Researcher's Initials	Date	Date Copies/Info Released	