

## **Authorization to Communicate Through E-mail Transmission**

Your name or name of entity	Social Security or Minneso	Social Security or Minnesota tax ID number (or federal ID number)			
Spouse's name, if joint (or corporate officer, partner, or fiduciary if a bi	usiness) Spouse's Social Security no	Spouse's Social Security number, if joint			
Your e-mail address (or e-mail address of spouse, entity, or representa	tive				
Check if the above e-mail address is for:					
You Spouse Entity Repr	esentative (name)				
I authorize the Minnesota Department of Revenue to communicat my or the entity's representative named in a separate Power of At		rith me, or the	e entity for which I am signing, or wit	.h	
I understand that private tax data about me, or nonpublic tax data the data may be accessed by someone other than the intended re		over the Inter	rnet. I or the entity accepts the risk t	hat	
This authorization remains in effect until I or the entity notifies the that the authorization is revoked. This authorization may be revok	•	n writing (eith	ner by mail or facsimile transmission)		
If this is an authorization to allow the Minnesota Department of Rithat the authorization remains in effect only as long as the Power			•	nd	
I further agree that the Minnesota Department of Revenue is not of an e-mail transmission sent by the department pursuant to this		nay incur as a	result of interception by a third part	у	
This authorization is not valid unless signed and dated. Your spouse ma	ay also sign if you file jointly.				
Your signature or signature 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		

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