

Authorization to Communicate Through E-mail Transmission

Your name or name of entity	Social Security or Minnes	Social Security or Minnesota tax ID number (or federal ID number)		
Spouse's name, if joint (or corporate officer, partner, or fiduciary if a b	usiness) Spouse's Social Security n	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	Spouse Entity Representative (name)			
I authorize the Minnesota Department of Revenue to communicat my or the entity's representative named in a separate Power of At	•	vith me, or the	entity for which I am signing, or with	
I understand that private tax data about me, or nonpublic tax data the data may be accessed by someone other than the intended re		l over the Inter	net. I or the entity accepts the risk that	
This authorization remains in effect until I or the entity notifies the that the authorization is revoked. This authorization may be revoked.	•	in writing (eith	er by mail or facsimile transmission)	
If this is an authorization to allow the Minnesota Department of R that the authorization remains in effect only as long as the Power			•	
I further agree that the Minnesota Department of Revenue is not of an e-mail transmission sent by the department pursuant to this		may incur as a	result of interception by a third party	
This authorization is not valid unless signed and dated. Your spouse mo	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.