

VERMONT	AUTHORIZATION TO RELEASE TAX INFORMATION	FORM 8821-VT
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This form authorizes release of your tax information to an authorized recipient. This is NOT a Power of Attorney and does not authorize recipient to act on your behalf or make binding agreements for you.

1 Taxpayer's Name	Social Security Number	Federal ID Number
Spouse/Civil Union Partner Name	Social Security Number	
Address	Telephone Number	Fax Number
City, State, ZIP Code	Email Address	
Foreign Country (if not United States)		

2 Authorized Recipient's Name	Telephone Number
Address	Fax Number
City, State, ZIP Code	Email Address

3 Scope of Authorization. The person designated in Section 2 is authorized to inspect and/or receive tax return information related to the tax matters listed here.			
(a) Type of Tax	(b) Tax Form	(c) Year(s) or Period(s)	(d) Specific Tax Issue

4 Signature of Taxpayer(s).			
If the tax return(s) in Section 3 is a joint return, either spouse/civil union partner may sign this authorization. If you are a corporate officer, partner, guardian, executor, receiver, administrator, or trustee signing on behalf of the taxpayer, your signature constitutes a certification that you have the authority to execute this form on behalf of the taxpayer.			
IF NOT SIGNED AND DATED, THIS AUTHORIZATION TO RELEASE TAX INFORMATION WILL BE RETURNED.			
	Signature	Date	Print Name Title (if applicable)
	Signature	Date	Print Name

Form 8821-VT INSTRUCTIONS

This form allows the authorized recipient designated in Section 2 to receive, inspect or discuss with the Vermont Department of Taxes your confidential tax information for the tax type and tax periods listed in Section 3.

This form does not allow the authorized recipient to act on your behalf, to execute waivers, consents, or closing agreements, to bind you to a payment plan, or otherwise to represent you before the Vermont Department of Taxes.

Form 8821-VT, signed by all parties, must be received by the Vermont Department of Taxes within 60 days of the date the taxpayer signed the form.

Revocation of Authorization To revoke the authorization to disclose information to the recipient named in Section 2, simply provide a written statement to the Department indicating the tax type(s), tax matter(s) and tax period(s) for which you wish to revoke authorization. If you wish to revoke all authorization, indicate the name of the person who is no longer authorized and instruct the Department to “remove all taxes, years and periods.”

Section 1 Taxpayer

Individuals – Enter your name, Social Security or Taxpayer Identification Number, the address where you live, and contact information in the space provided. If authorizing the release of confidential tax information for a jointly filed return, also enter your spouse or civil union partner’s information.

Corporations, Partnerships and other Business Entities – Enter the business name, Employer Identification Number, business address and contact information in the space provided.

Trusts – Enter the name, title, and address of the trustee; and the name of the trust and the trust’s Federal Identification Number, and contact information in the space provided.

Estates – Enter the name, title and address of the decedent’s executor/personal representative, the name and identification numbers of the estate, and contact information in the space provided. Estate identification numbers are the Federal Identification Number and the decedent’s Social Security or Taxpayer Identification number.

Section 2 Authorized Recipient

Enter the name, address and contact information of your authorized recipient in the space provided. Please reference the authorized representative’s name as entered here in any communication with the Vermont Department of Taxes.

Section 3 Scope of Authorization

Enter the tax type, tax form, and tax period you wish to be disclosed to your authorized recipient. If you are a fiscal year filer, use the ending year and month in the YYMMDD format for the tax period. If you have any specific tax issues you want the Vermont Department of Taxes to disclose beyond the tax return information, describe it in Column (d). Examples of specific tax issues are tax lien, balance due on the return, tax liability, and assessment of tax. Some sample entries for Section 3 are:

<u>(a) Type of Tax</u>	<u>(b) Tax Form</u>	<u>(c) Year(s) or Period(s)</u>	<u>(d) Specific Tax Issue</u>
Income	IN-111	2011 - 2013	Tax lien
Corporate	CO-411	140630	Balance due on the return
Meals and Rooms	MR-441	2nd quarter of 2013	
Sales and Use	SU-451	August 2014	Tax liability

The authorization to disclose tax information must be more specific than “all years,” “all periods,” or “all taxes.”

Section 4 Signatures

Individuals – Sign and date the authorization. If authorizing disclosure on a joint return, either spouse or civil union partner may sign the form.

Corporations – This form may be signed by an officer having legal authority to bind the corporation, a person designated by the board of directors or other governing body.

Partnerships – This form may be signed by any partner who was a partner during any part of the tax period designated in Section 2.

Trusts and Estates – This form may be signed by the appointed guardian, executor, or administrator.