STATE OF ARIZONA • DEPARTMENT OF REVENUE Withholding Tax Information Authorization

1.	. Taxpayer Information - Taxpayer must sign and date this form on line 5.					
	Taxpayer Name	Daytime Telephone Number		Employer Identification Number (EIN)		
	Address (Number and street or PO Box)			-		
	City	State	Zip Code	-		
			-			
2.	Appointee Information					
	Name			Identification Number		
	Address (Number and street or PO Box)			Telephone Number		
	City	State	Zip Code	Fax Number		

3. Authorization

The appointee is authorized to inspect and/or receive confidential Arizona withholding tax information for the following tax year(s) or period(s):

4. Retention/Revocation of Withholding Tax Information Authorization

This withholding tax information authorization automatically revokes all earlier withholding tax information authorization(s) on file with the Arizona Department of Revenue for the same years or periods covered by this document. If you do <u>not</u> want to revoke a prior withholding tax information authorization, check this box

You must attach a copy of any withholding tax information authorization you want to remain in effect.

5. Signature of or for Taxpayer

I hereby certify that the Director of the Arizona Department of Revenue is authorized to release any and all Arizona withholding tax information in department files concerning the undersigned taxpayer and relieve said Director, or department representative, of any liability whatsoever for releasing such withholding tax information to the appointee specified by this withholding tax information authorization. If signed by a corporate officer or partner, I certify that I have the authority to execute this withholding tax information authorization on behalf of the taxpayer(s).

If this withholding tax information authorization is not signed, it will be returned.

Print Name		Print Name
Signature		Signature
Date		Date
	Send Form to:	Arizona Department of Revenue, PO Box 29086, Phoenix AZ 85038-9086
OOR 10172 (11)		