

## Withholding Tax Information Authorization

**1. Taxpayer Information** Taxpayer must sign and date this form in Section 5.

Taxpayer Name		Employer Identification Number (EIN)	
Address (Number and street or PO Box)		Daytime Phone Number (with area code)	
City	State	ZIP Code	

**2. Appointee Information**

Name			Identification Number	
Address (Number and street or PO Box)			Phone Number (with area code)	
City	State	ZIP Code	Fax Number (with area code)	

**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 not want to revoke a prior withholding tax information authorization, check this box.....



You must include 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 authorization. If signed by a corporate officer or partner, I certify that I have the authority to execute this authorization on behalf of the taxpayer(s).

By checking this box and signing below I certify under penalty of perjury that I am an officer of the above mentioned corporation(s) and that I am a principal officer; as defined in A.R.S. §42-2003(A)(2).

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**You may Mail form to:** Arizona Department of Revenue, ATTENTION: POA, PO Box 29086, Phoenix, AZ 85038-9086, or  
**Fax form to:** (602) 716-6088, or **email form to** POA@azdor.gov