Arizona Form **821**

Withholding Tax Information Authorization

Taxpayer Information							
Taxpayer Name					Employer Identification Number (EIN)		
Address (Number and street or PO Box)				D	Daytime Phone Number (with area code)		
Cit	у			St	ate	ZIP Code	
_							
2. Appointee Information Name Identification Number							
Name				lu	identification Number		
Address (Number and street or PO Box)				Pi	Phone Number (with area code)		
City State 7ID Code					Fax Number (with area code)		
Cit	у	State	ZIP Code		ax Number	(with area code)	
3.	Authorization						
	or period(s):						
4.	4. Retention/Revocation of Withholding Tax Information Authorization						
	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						
5.	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 Signature	_	Print Name Signature				
	Date			ate			

Mail form to: Arizona Department of Revenue, PO Box 29086, Phoenix, AZ 85038-9086