

**ARIZONA FORM**  
**285C**

**Disclosure Certification Form**  
ARIZONA DEPARTMENT OF REVENUE

This form should be used to certify to the Department that the person named below ("Signator") is authorized, pursuant to A.R.S. §42-2003(A), to receive and discuss confidential information of the Taxpayer(s) named below or to execute a power of attorney form for another person.

<b>1. TAXPAYER INFORMATION: Please print or type.</b>			<i>Enter only those that apply:</i>	
Taxpayer Name		Social Security Number or ITIN		
Spouse's Name (if applicable)		Spouse's Social Security Number or ITIN		
Current Address - number and street, rural route		Apartment/Suite Number	Employer Identification Number	
City, Town or Post Office	State	ZIP Code	Daytime Phone (with area code)	AZ Transaction Privilege Tax License No.

<b>2. SIGNATOR INFORMATION</b>			<i>You must provide an Identification Number:</i>	
Name		Social Security, ITIN or Other ID No.	Type	
Business Address (if different from Taxpayer's address above)		Apartment/Suite Number	Daytime Phone Number (with area code)	
City, Town or Post Office	State	ZIP Code		

**3. TAX YEARS / PERIODS**  
Please specify the tax years/periods during which the Signator is authorized, pursuant to A.R.S. §42-2003(A), to receive and discuss confidential information or to execute a power of attorney form for another person:

**4. CERTIFICATION**

A.  I hereby certify to the Arizona Department of Revenue that I am authorized to receive and discuss any and all confidential information concerning the Taxpayer(s) pursuant to A.R.S. §42-2003(A). I understand that to knowingly prepare or present a document which is fraudulent or false is a class 5 felony pursuant to A.R.S. §42-1127(B)(2).

B.  I hereby certify to the Arizona Department of Revenue 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), of the above-mentioned corporation(s) who has the authority to bind the taxpayer on matters related to the state taxes.

**5. SIGNATURE**

→ \_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE