

**ARIZONA FORM
285B**

Disclosure Authorization Form
ARIZONA DEPARTMENT OF REVENUE

This form authorizes the Department to release confidential information of the taxpayer(s) named below to the appointee(s) named below for the tax type(s) specified below. This form is NOT A POWER OF ATTORNEY and DOES NOT grant the appointee(s) any powers of representation.

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

2. APPOINTEE INFORMATION				2nd APPOINTEE INFORMATION (if applicable)			
Name				Name			
Address (if different from taxpayer's address above)			Apt./Suite	Address (if different from taxpayer's address above)			Apt./Suite
City, Town or Post Office	State	ZIP Code		City, Town or Post Office	State	ZIP Code	
Daytime Telephone Number (with area code)				Daytime Telephone Number (with area code)			
Social Security or Other ID No.		Type		Social Security or Other ID No.		Type	

3. TAX MATTERS: The appointee is authorized to receive and discuss confidential information for the tax matters listed below.

TAX TYPE	YEAR(S) OR PERIOD(S)	TYPE OF RETURN/OWNERSHIP			
<input type="checkbox"/> Income Tax		<input type="checkbox"/> Individual Joint Return	<input type="checkbox"/> Individual Single Return	<input type="checkbox"/> Corporation	
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Fiduciary-Trust	<input type="checkbox"/> Fiduciary-Estate	
<input type="checkbox"/> Transaction Privilege and Use Tax		<input type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust
		<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Estate	
<input type="checkbox"/> Withholding Tax					
<input type="checkbox"/> Other (specify tax type):		Specify type of return(s)/ownership:			

4. REVOCATION OF EARLIER AUTHORIZATION(S)

This Disclosure Authorization Form **does not revoke** any prior Power of Attorney or other authorization forms on file with the Department.

5. SIGNATURE OF OR FOR TAXPAYER

I hereby certify that the Arizona Department of Revenue is authorized to release any and all confidential information concerning the above-mentioned Taxpayer. By signing this form, I certify that I have the authority, within the meaning of A.R.S. §42-2003(A), to execute this authorization form on behalf of the above-mentioned corporation(s), limited liability company(ies), trust(s), partnership(s), and/or individual(s). 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).

→ _____
SIGNATURE DATE

PRINT NAME

TITLE

→ _____
SIGNATURE DATE

PRINT NAME

TITLE