Arizona Form
821

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..... ☐

Document

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).

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

Print Name	Print Name
Signature	Signature
Date	Date

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

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