

Please return this form to the address listed below



Arizona Ombudsman/Citizens' Aide

3737 N. 7th St., Ste. 209
Phoenix, Arizona 85014
(602) 277-7292 (800) 872-2879
FAX: 602-277-7312

**AUTHORIZATION FOR ARIZONA DEPARTMENT OF REVENUE
TO RELEASE INFORMATION TO
THE OFFICE OF THE ARIZONA OMBUDSMAN - CITIZENS' AIDE**

Taxpayers may complain to the Arizona Ombudsman - Citizens' Aide regarding their disputes with the Arizona Department of Revenue pursuant to Arizona Revised Statutes §§ 41-1371 et seq., 41-1001.01 and 42-2003 and the Arizona Administrative Code title 2, chapter 16.

This form is for use by taxpayers to authorize the Department of Revenue to disclose their tax information to the office of the Arizona Ombudsman - Citizens' Aide for investigating the taxpayer's complaint.

Such authorization is required by A.R.S. § 41-1377(E) for access to confidential information as defined in A.R.S. § 42-2001. Such disclosure is required by A.R.S. §§ 41-1376.01(C), 41-1378(D), and 42-2003.

Unless noted in the space provided below, this form will cover all tax types.

COMPLAINANT/TAXPAYER INFORMATION	Enter only those that apply
Complainant/Taxpayer Name	Social Security Number
Spouse's Name (if applicable)	Spouse's Social Security Number
Present Address	Employer Identification Number
Phone Number	AZ Transaction Privilege Tax License No.
Tax Years or Periods Included	Excluded Tax Types

This Authorization is limited to granting the office of the Ombudsman – Citizens' Aide access to Department of Revenue records and information concerning the complainant. It does NOT grant the office of the Ombudsman – Citizens' Aide authority to represent or act on behalf of the complainant. Additionally, this Authorization will expire upon completion of the Ombudsman's investigation of this complaint.

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I hereby authorize the Arizona Department of Revenue to release my confidential taxpayer information as defined in A.R.S. § 42-2001 to the office of the Arizona Ombudsman – Citizen’s Aide so the ombudsman staff may investigate my complaint.

By signing this Authorization, I acknowledge my understanding that:

- I may refuse to sign this Authorization.
- I may revoke this Authorization, in writing, at any time, by sending a letter to the office of the Arizona Ombudsman - Citizens’ Aide.
- DOR is entitled to rely on this authorization to provide information to the office of the Arizona Ombudsman - Citizens’ Aide until this authorization is revoked.

Complainant/Taxpayer Signature

Date

Print Name

Complainant/Taxpayer Title (if applicable)

Spouse Signature (if applicable)

Date

Print Name