

REV 42 2446 (9/16/20)

# **Confidential Tax Information Authorization**

I authorize the Department of Revenue to share my confidential tax information as indicated.

Use this form to authorize the Department of Revenue to share your confidential tax information with a third party. You can also use this form to authorize the Department to send confidential tax information using regular (unsecure) fax or email.

1. My information (This informa	tion will not be used to update your bu	usiness record.*)
Taxpayer or business name		
Account ID/UBI number	Phone	
Mailing address	City	STZip
	Fax	
*To update your business record, go to http	p://dor.wa.gov and log in to your account.	
2. Share my confidential tax in	nformation with the individual(s)/	company listed below.
	o to step 3. If you are authorizing an entire co ific people, add additional name(s) in the <i>Aut</i> o	
Individual or company name		
	City	
	Email	
Place an X in the appropriate bo		Authorized names/email section
Any information for any reporting p		
Any information for this reporting p		
Only listed information for this repo	orting period month/quarter and year to month/quarter and year	
Information to be shared		
3. Send my confidential tax in	formation by regular email or fax	ζ.
secure, and confidential information may	message system described on page 2. I know be intercepted by unauthorized persons. I a from use of unsecured email or fax. (RCW 8	ccept these conditions and waive any
By checking this box, I author using regular email or fax.	ize the Department to send my confiden	tial tax information
4. My signature		
business owner, partner, corporate office	am authorized to sign this form. I am listed as r, or LLC member or manager in official reco attorney, annual report, executor) that grants	rds held by Washington State, or I have
Taxpayer signature	Title	Date
Print name	City and state where signed	
This authorization remains in effect un	<b>til revoked in writing by either party.</b> Kee ront of this form and return it to the Departm	o a copy for your files. To revoke this
5. Fax to (360) 705-6175, emai	l to <i>DORTAAFaxIn@dor.wa.gov</i> or	mail to address on back.
For tax assistance or to request this document visit http://dor.wa.gov or call 360-705-6705. Te use the Washington Relay Service by calling 7	letype (TTY) users may	

See instructions on page 2.

## **Authorization for Confidential Tax Information**

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#### **Confidential tax information**

Tax information is confidential and cannot be shared with anyone without express permission. By completing this form, you are authorizing the Department to share your confidential tax information with the person(s) you name. This request may cover all confidential tax information or it may be limited to certain information and/or reporting periods. In section 2, please describe the specific information you want the Department to share and the periods covered by this authorization.

### Secure messaging

Secure messaging is offered through the Department's online *My DOR* section. Taxpayers that have an online account can access secure messaging when logged in. On the *More Options* tab, click **Send a Message** and follow the instructions

Taxpayers that don't have an online account can register at dor.wa.gov. To create an account, provide your name, email, and phone number; create a logon ID and password; then choose a security question.

If you want to add your business to your online account, enter your UBI/Account ID number and your letter ID. Your letter ID can be found on the upper right corner of the letter you received from the Department when you first opened your business. It is also on mailed tax returns and at the bottom of balance due notices.

Only people authorized to access your online account can see secure messages.

## ATTN: (If you are working with a Revenue employee)

If you are working with a Revenue employee, write the employee's name on the ATTN: line on the bottom of page 1 of this form and *return the form as instructed.* 

#### Otherwise, send this form to:

**Fax** 360-705-6175

Email DORTAAFaxIn@dor.wa.gov

Mail Dept. of Revenue

Taxpayer Account Administration - ICAP

PO Box 47476

Olympia, WA 98504-7476

**Questions?** Call the Department at 360-705-6705



Phone: 360-705-6705

Fax: 360-705-6175

http://dor.wa.gov