



**ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION**  
**AUTHORIZATION FOR RELEASE OF ACCOUNT REGISTRATION NUMBERS**

Print Form

Reset Form

Enter the federal employer identification number (FEIN) of the company requesting account information. If the business is a Sole Proprietorship, enter the social security number (SSN) of the owner, in addition to the FEIN of the business.

|   |  |      |       |   |  |
|---|--|------|-------|---|--|
| Federal Identification Number (FEIN): _____ - _____   |  | OR   |       | Social Security Number (SSN):<br>(Sole Proprietor Only) _____ - _____ |  |
| Entity Name: (Enter full legal name of business. Sole Proprietor enter first name, middle name, and last name.) |  |      |       |   |  |
| DBA: (Enter full Doing Business As Name, if applicable.)  |  |      |       |   |  |
| Address   |  | City | State | Zip   |  |

Requested Tax Identification Number:

- Corporate Income Tax
- Partnership Income Tax
- Individual Income Tax
- Withholding Tax
- Sales and Use Tax

**AUTHORIZATION FOR RELEASE**

The taxpayer indicated above hereby authorizes the Arkansas Department of Finance and Administration to release selected account registration numbers to the following:

|         |  |       |       |     |
|---------|--|-------|-------|-----|
| Name:   |  |       |       |     |
| Address |  | City  | State | Zip |
| Phone   |  | Email |       |     |

\_\_\_\_\_  
 Print Name and Title of Owner, President, etc.

\_\_\_\_\_  
 Signature of Owner, President, etc.

**Send the completed form to:**

Department of Finance and Administration, Tax Credits/Special Refunds Section, P. O. Box 8054 Little Rock, AR 72203 or to [TaxCredits@dfa.arkansas.gov](mailto:TaxCredits@dfa.arkansas.gov).

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

Notary Public \_\_\_\_\_