

AUTHORIZATION FOR RELEASE OF TAX INFORMATION

Print Form

Clear Form

Excise Tax Administration
Ledbetter Building
Room 1340
PO Box 8092
Little Rock, AR 72203-8092
Telephone: (501) 683-5560

The information will not be released until the original signed document is received.

If a subsidiary of a parent corporation filing a consolidated return with Arkansas, give the name of the parent and parent federal employer identification number (FEIN). If the business is a Sole Proprietorship, enter the social security number (SSN) of the owner, in addition to the FEIN of the business.

Ownership Type: Corporation Sub-S Partnership Sole Proprietorship

FEIN: _____ OR Social Security Number: _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Do you have employees in Arkansas? YES NO

AUTHORIZATION FOR RELEASE

The taxpayer indicated above hereby authorizes the Arkansas Department of Finance and Administration to release information to the following individual:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Print Name of Taxpayer and Title; owner, president, vice president, etc.

Signature of Taxpayer

Subscribed and Sworn to before me this _____ day of _____, 20 _____.

(Seal)

Notary Public _____