

## Form OR-AUTH-INFO

## **Authorization to Receive Tax Information**

Use this form to authorize the Oregon Department of Revenue to disclose your confidential tax information to your designee. If a tax matter concerns a year for which a joint return was filed, see additional instructions on Form OR-AUTH-INFO Instructions.

- Print clearly. Use black or blue ink.
- This form will be rejected if it isn't signed by you, is incomplete, or has unreadable information.
- This form is invalid if modified or appended.
- See additional instructions on Form OR-AUTH-INFO Instructions.
- Submit your completed form through your Revenue Online account at revenueonline.dor.oregon.gov, or by email to questions.dor@dor.oregon.gov, or by mail to Oregon Department of Revenue, 955 Center St. NE, Salem, OR 97301-2555.

Taxpayer name	Phone number			
Business name		( )		
Business owner/Officer name (Required if taxpayer is a business e	antity)			
Dustriess owner/orneer frame (required in taxpayer is a business of	Sincy.			
Social Security number (SSN) (Last 4)	Individual taxpayer ider	Individual taxpayer identification number (ITIN) (Last 4)		
Business identification number (BIN)	Federal employer idea	Federal employer identification number (FEIN)		
Address	City	Sta	te ZIP code	
Part 2—Authorization to receive tax information	ation	L	L	
I authorize the Department of Revenue to share my conamed below. I authorize my designee access to all		- "		
Designee name		Phone number		
Firm, organization, or agency name				
Title (if applicable)	Email			
Address	City	Sta	te ZIP code	
Relationship	I		I	
Part 3—Authorization limitations				
I limit the access of my authorized designee to part	icular tax years or particular tax p	rograms or both as foll	lows:	
Tax year(s):				
Tax program(s):				
Part 4—Revocation of prior authorizations Prior authorizations to receive tax information remain tax information, initial here	in effect until revoked in writing. If $_{ m L}$	ou wish to revoke previ	ous authorizations to receiv	
Part 5—Taxpayer declaration and signature				
Your signature below acknowledges that your des fiduciaries, or other qualified persons signing on bel I have the authority to execute this form.	signee may receive your confider			
Signature X			Date	
Name			•	