

AUTHORIZATION FOR RELEASE OF TAX INFORMATION

Excise Tax Administration
Room 2420, Ledbetter Building
P.O. Box 8054
Little Rock, AR 72203-8054
Telephone: (501) 682-7200 Fax: (501) 682-7900

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

* Company Name _____

Address _____

City _____

State _____

Zip _____

FEIN _____

Social Security Number _____

Do you have employees in Arkansas? YES NO

Taxable? Corporation Sub-S Partnership Sole Proprietorship

* 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 (F.E.I.N). If the business is a Sole Proprietorship, enter the social security number (S.S.N) of the owner, in addition to the F.E.I.N of the business.

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 _____

Signature and title of taxpayer; i.e. president, vice president, secretary/treasurer, or owner.

Email _____

Taxpayer name and title printed as shown above

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

(Seal)

Notary Public _____