

## 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.

Part 1—Taxpayer information (Individual	or Business entity)				
Taxpayer name		Phone number			
Business name			,		
Business owner/Officer name (Required if taxpayer is a business	ess entity.)				
2 112 11 (201) 4 1 1	1, , , , , , , , , , , , , , , , , , ,				
Social Security number (SSN) (Last 4)	Individual taxpayer identific	Individual taxpayer identification number (ITIN) (Last 4)			
Business identification number (BIN)	Federal employer identific	Federal employer identification number (FEIN)			
Address	City		State	ZIP code	
Part 2—Authorization to receive tax info	 rmation				
		. ,			
I authorize the Department of Revenue to share r named below. I authorize my designee access to		- "	_		
	all tax years and all tax programs unless	Phone number			
Designee name		/ Phone num	nber )		
Firm, organization, or agency name			,		
,,					
Title (if applicable)	Email				
Address	City		State	ZIP code	
District the second sec					
Relationship					
Part 3—Authorization limitations					
I limit the access of my authorized designee to p	oarticular tax years or particular tax prog	rams or both as	s follows:		
Tax year(s):					
Tax program(s):					
Part 4—Revocation of prior authorization	ne .				
Prior authorizations to receive tax information rem		wish to revoke r	arevious a	uthorizations to receiv	
tax information, initial here	iain in enect dritti revoked in writing. If you	wisii to revoke p	Jievious a	utilolizations to receiv	
The final final field in the fi	·				
Part 5—Taxpayer declaration and signate	ure				
Your signature below acknowledges that your fiduciaries, or other qualified persons signing on I have the authority to execute this form.					
Signature			Dat	e	
X					
Name					