AUTHORIZATION FOR THE RELEASE OF TAX RECORDS/INFORMATION

I hereby authorize the Comptroller of Maryland to release the confidential Maryland tax records and information of:

TAXPAYER*	*Also known as	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	PHONE NUMBER
STREET ADDRESS		
CITY	STATE	ZIP

The information is to be released to:

NAME		AGENCY
STREET ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER		

Any and all tax records and/or information (including liabilities, delinquencies, liens, etc.) for the following years:

☐ 2003 ☐ 2004 ☐ 2005 ☐ 2006 ☐ 2007 ☐ 2008 ☐ 2009
☐ 2010 ☐ Other _____

The purpose for such disclosure is:

☐ At my request ☐ Payment/Insurance ☐ Healthcare ☐ Employment ☐ Other: _____

This authorization will expire one year from the date it is signed unless a shorter period of time is indicated here:

_____

Authorization For The Release of Tax Records

I understand:

- This authorization is voluntary.
- I may receive a copy of this form.
- I may inspect my confidential tax information without signing this form.
- This authorization to disclose information may be revoked by me at any time, except to the extent that action has been taken prior to receipt of revocation. To revoke the authorization, I understand that I must notify the Comptroller of Maryland in writing.

_____ _____
Taxpayer or Personal Representative's Signature Date

_____ _____
Printed Name of Taxpayer or Personal Representative Phone Number

If the signature is other than the taxpayer's, explain your authority to act for the taxpayer, and attach the appropriate documentation (Power of Attorney, Letter of Administration, etc.):

_____ _____ _____
Signature of Witness Date Printed Name of Witness

MAIL TO: Taxpayer Service Section
Comptroller of Maryland
Revenue Administration Division
Annapolis, Maryland 21411

FAX: 410-974-2967

OFFICE USE ONLY			
Tax Year(s)	Account No.(s)	Taxpayer's Signature(s) verified by	
		Photocopied by	Reviewed by
Researcher's Initials	Date	Date Copies/Info Released	

COM/RAD 756