Arizona Form
285B

Disclosure Authorization Form

You must sign this form in section 5

This form authorizes the Department to release confidential information of the taxpayer(s) named below to the appointee(s) named below for the tax type(s) specified below. This form is NOT A POWER OF ATTORNEY and DOES NOT grant the appointee(s) any powers of representation.

1. TAXPAYER INFORMATION: Please print or type. | *Enter only those that apply:*

Taxpayer Name		Social Security Number or ITIN
Spouse's Name (*if applicable*)		Spouse's Social Security Number or ITIN
Current Address - number and street, rural route	Apartment/Suite No.	Employer Identification Number
City, Town or Post Office State ZIP Code	Daytime Phone (with area code)	AZ Transaction Privilege Tax License No.

2. APPOINTEE INFORMATION	**2nd APPOINTEE INFORMATION** *(if applicable)*
Name	Name
Current Address *(if different from taxpayer's address above)* Apt./Suite	Current Address *(if different from taxpayer's address above)* Apt./Suite
City, Town or Post Office State ZIP Code	City, Town or Post Office State ZIP Code
Daytime Phone (with area code)	Daytime Phone (with area code)
Social Security, ITIN, or Other ID No. Type	Social Security, ITIN, or Other ID No. Type

3. TAX MATTERS: The appointee is authorized to receive confidential information for the tax matters listed below.

TAX TYPE	YEAR(S) OR PERIOD(S)	TYPE OF RETURN/OWNERSHIP
☐ Income Tax		☐ Individual ☐ Corporation ☐ Partnership ☐ Fiduciary-Estate/Trust
☐ Transaction Privilege and Use Tax		☐ Individual/Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Trust ☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Estate
☐ Withholding Tax		
☐ Other (e.g., Luxury Tax):		Specify type of return(s)/ownership:

4. NO REVOCATION OF EARLIER AUTHORIZATION(S)

This Disclosure Authorization Form ***does not*** revoke any prior Power of Attorney or other authorization forms on file with the department.

5. SIGNATURE OF OR FOR TAXPAYER

I hereby certify that the Arizona Department of Revenue is authorized to release any and all confidential information concerning the Taxpayer(s). By signing this form, I certify that I have the authority, within the meaning of A.R.S. §42-2003(A), to execute this authorization form on behalf of the Taxpayer(s). I understand that to knowingly prepare or present a document which is fraudulent or false is a class 5 felony pursuant to A.R.S. §42-1127(B)(2).

☐ By checking this box and signing below I certify under penalty of perjury that I am an officer of the above mentioned corporation(s) and that I am a principal officer, as defined in A.R.S. §42-2003(A)(2).

➔ _____ SIGNATURE DATE	➔ _____ SIGNATURE DATE
_____ PRINT NAME	_____ PRINT NAME
_____ TITLE	_____ TITLE