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(LO) 07-25

REV-1908

Pennsylvania
Department of Revenue

OFFICIAL USE ONLY

WAIVER OF CONFIDENTIALITY PROVISIONS

SECTION I TAXPAYER INFORMATION

Taxpayer/Entity Name

SSN/FEIN

Mailing Address

City

State

ZIP Code

Email

Telephone Number

SECTION II LEGISLATIVE OFFICE INFORMATION

Name

Legislative Office

Email

Telephone Number

Tax Type

Tax Period

Did the Legislative Office prepare the application?

☐ Yes ☐ No

Reason for contact/issue to be discussed (check all that apply):

☐ PTRR Filing Issue ☐ Request a copy of a previously filed return (ex: PA-1000, PA-40) _____ (specify year(s))

☐ Question about a Refund ☐ Assessment Assistance ☐ Liquor Control Board Clearance ☐ Appeals ☐ Other

Please explain the issue in detail below:

SECTION III TAXPAYER SIGNATURE

I/We acknowledge that I/we understand that tax information is governed by Federal and State confidentiality laws. I/We wish to allow the listed party above access to this tax information for the specified time period and for the stated reason. By signing this waiver I/we acknowledge that I/we specifically authorize the Pennsylvania Department of Revenue to reveal confidential tax information to the named representative above, for the purpose of assistance with the issue described above.

Taxpayer (1) Name

Taxpayer (1) Signature

Please sign after printing.

Date

Taxpayer (2) Name

Taxpayer (2) Signature

Please sign after printing.

Date

RESET FORM

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