

**Authorization for Release of Photocopies of
Tax Returns and/or Tax Information****DTF-505**
(3/20)

This form must be signed by the taxpayer or the taxpayer's authorized representative, and a form of identification to validate your signature must be provided (such as a photocopy of your driver license or non-driver ID card).

Part A – Taxpayer information

| | |
|-----------------------|--------------------------------------|
| Taxpayer's name | Taxpayer's SSN or EIN |
| Joint taxpayer's name | Joint taxpayer's SSN |
| Street address | Telephone number (include area code) |
| City, state, ZIP code | |

Part B – Tax return information (attach additional sheets if necessary)

If you are authorizing the release of **only** information verifying the timely filing of tax returns listed below, mark an **X** in the box (see instr.) .. ☐

| Column A | Column B | Column C |
|---|--|-----------------------|
| Tax type (Mark an X in the appropriate boxes for the type of tax information requested.) | Tax years requested (List all years or periods requested for the tax types in Column A.) | Information requested |
| Income tax <input type="checkbox"/> | | |
| Sales tax <input type="checkbox"/> VIN number (only if requesting Form DTF-802) | | |
| Wage reporting/W-2 info <input type="checkbox"/> | | |
| Corporation tax <input type="checkbox"/> | | |
| Withholding tax <input type="checkbox"/> | | |
| Other (list) <input type="checkbox"/> | | |
| If the copies must be certified mark an X here. <input type="checkbox"/> | | Reason for request |

Part C – Third party or authorized individual information (Complete this section only if the return or information is to be sent to someone other than the taxpayer.)

| | |
|--|--------------------------------------|
| Print name of third party or authorized individual | |
| Print firm's name (if applicable) | |
| Street address (number and street or PO Box) | |
| City, state, ZIP code | Telephone number (include area code) |

Part D – Certification

| | |
|---|-------|
| I certify that I am either the taxpayer whose name is shown on the return, or the taxpayer's representative authorized to obtain the tax return or information requested. | |
| Printed name of taxpayer or authorized representative | Title |
| Signature of taxpayer or authorized representative | Date |

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