



— DEPARTMENT OF —
REVENUE
STATE OF MISSISSIPPI

Waiver and Authorization to Release Confidential Taxpayer Information to a Legislator or Other Elected Official

Name of Taxpayer: _____

Street Address: _____

City: _____ **State:** _____

Mississippi Taxpayer Identification Number: _____
(Social Security Number and/or FEIN)

Pursuant to Miss. Code Ann. §§ 27-3-83(6) and 27-7-83(3)(d), the above named taxpayer hereby waives the confidentiality provisions of Miss. Code Ann. §§ 27-3-73, 27-7-83, 27-13-57, and 27-65-81, as follows:

A. Taxpayer authorizes the Mississippi Department of Revenue and its employees to provide confidential tax information to:

(Name of Legislator or other Elected Official)

(Mailing Address of Legislator or other Elected Official)

B. Taxpayer acknowledges that such authorization is limited to the tax matters as designated below:

Tax Type (Income, Franchise, Sales, etc.) _____
Account Number _____
Tax Period(s)

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Account Number _____
Tax Period(s)

C. This waiver and authorization to release confidential taxpayer information shall be effective until specifically terminated by the taxpayer in writing.

INSTRUCTIONS FOR SIGNING WAIVER AND AUTHORIZATION TO RELEASE CONFIDENTIAL TAXPAYER INFORMATION

This waiver and authorization must be signed by the taxpayer. In the case of a return of an individual, this form must be signed by that individual. In the case of an income tax return filed jointly, this form must be signed by either of the individuals with respect to whom the return is filed. In the case of a partnership, this form must be signed by any member of the partnership during any part of the period covered by the return. In the case of a return filed by a member managed limited liability company, this form must be signed by any person who was a member of the limited liability company during any part of the period covered by the return. In the case of a return filed by a manager managed limited liability company, this form must be signed by any manager of the limited liability company. In the case of a return of a corporation, this form must be signed by a principal officer of the corporation and attested to by the corporation’s secretary or other officer.

This the _____ day of _____, 20_____.

Signature

Capacity

ATTEST (In the case of corporations)

By: _____

Title: _____

ACKNOWLEDGEMENT

State of _____

County of _____

Personally appeared before me, the undersigned authority in and for the said county and state, on this _____ day of _____, 20____, within my jurisdiction, the within named _____, who acknowledged that he/she executed the above and foregoing instrument after having been duly authorized so to do.

Notary Public

My Commission Expires: _____

(SEAL)