

Form 42 2446

Confidential Tax Information Authorization

Use this form to authorize the Department of Revenue to:

- Send confidential tax information through unsecure email or fax (to you or an authorized third party) and/or
- Share your confidential tax information with a third party.

My information	This information will not	be used to update y	our business record.*)	
Taxpayer or business name:		Account ID/UBI number:		
Mailing address:		City:	State:	Zip:
Phone: *To update your busir	ne: Email: Fax: update your business record, go to dor.wa.gov and log in to your My DOR account.			
Which authoriza	tion are you provi	ding? (For third pa	rty authorizations, com	plete A and B.)
By checking th	fidential tax informa is box, I authorize the o or fax to all email addre	lepartment to send	my confidential tax in	formation using
email and fax a persons. I acce	the department's secure are not as secure, and co pt these conditions and ail or fax. (RCW 82.32.33	onfidential informati waive any violation	ion may be intercepted	by unauthorized
If you are not authorizing an	nfidential tax informa authorizing a third part entire company or a Leg e, add additional name(s	y, skip this section a gislator's office, add	and go to the signature the words "and staff."	page. If you are
Individual or com	pany name:			
Mailing address:		City:	State:	Zip:
Phone:	Email:		Fax:	
Check the approp	oriate box below:			
Any infor	mation for any reportin	g period.		
Any infor	mation for this reportin	g period:		
Month/quarter/year:		to Mo	to Month/quarter/year:	
Only liste	ed information for this re	eporting period.		
Month/quarter/year:		to Mo	to Month/quarter/year:	
	nation to be shared:	esses only if you've	checked the box in sect	tion A.

To request this document in an alternate format, please complete the form <u>dor.wa.gov/AccessibilityRequest</u> or call 360-705-6705. Teletype (TTY) users please dial 711.

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Confidential Tax Information Authorization



Signature

I authorize the Department of Revenue to share my confidential tax information as indicated on page 1 of this form. I declare, under penalty of perjury, that I am authorized to sign this form. I am listed as the real property owner or as the business owner, partner, corporate officer, or LLC member or manager in official records held by Washington State, or I have attached documentation (for example: power of attorney, annual report, executor) that grants me the authority to sign.

Taxpayer signature: Title: Date:

Print name: City and state where signed:

This authorization remains in effect until revoked in writing by either party. Keep a copy for your files. To revoke this authorization, write "Revoke" across the front of this form and return it to the department as indicated in the next section

What to do next

ATTN (if you are working with a Revenue employee, write their name here):

Submit this form by fax, email, or mail:

Fax: 360-705-6175

Email: DORTAAFaxIn@dor.wa.gov

Mail: Dept. of Revenue

Taxpayer Account Administration - ICAP

PO Box 47476

Olympia, WA 98504-7476

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Instructions

Confidential tax information by email, fax, or to a third party

Tax information is confidential and cannot be shared with anyone without express permission.

By completing this form, you are authorizing the department to:

- Send confidential tax information through unsecure email or fax, to you or an authorized third party. (Section A);
- Share your confidential tax information with the third party(ies) provided. (Section B).

This request may cover all confidential tax information or it may be limited to certain information and/or reporting periods. In section B, please describe the specific information you want the department to share and the periods covered by this authorization.

Secure messaging through My DOR

Secure messaging is offered through the department's online My DOR section. Taxpayers that have an online account can access secure messaging when logged in. On the "More Options" tab, select "Send a Message" and follow the instructions.

Taxpayers that don't have an online account can register at dor.wa.gov. To create an account, provide your name, email, and phone number. Create a logon ID and password, then choose a security question.

If you want to add your business to your online account, enter your UBI/Account ID number and your letter ID. Your letter ID can be found on the upper right corner of the letter you received from the department when you first opened your business. It is also on mailed tax returns and at the bottom of balance due notices.

Only people authorized to access your online account can see secure messages.

ATTN: (If you are working with a Revenue employee)

If you are working with a Revenue employee, write the employee's name on the ATTN: line on the bottom of page 2 of this form and submit the form using one of the ways below.

Submit this form by fax, email, or mail:

Fax: 360-705-6175

Email: DORTAAFaxIn@dor.wa.gov

Mail: Dept. of Revenue

Taxpayer Account Administration - ICAP

PO Box 47476

Olympia, WA 98504-7476

Questions?

Call the department at 360-705-6705.

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