



WAIVER OF CONFIDENTIALITY PROVISIONS

Taxpayer Information

Name/Entity: _____

Contact Phone: _____

Address: _____

SSN/EIN (Please Provide in Full): _____

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 below 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 below, for the purpose of assistance with the issue described below.

Legislative Office Information

Name: _____

Contact Phone: (_____) _____

Reason for Contact/Issue to be Discussed (Please provide full detail):

Relevant Tax Period & Tax Type:

Taxpayer Signature

Taxpayer

Date

Taxpayer

Date