



## Disclosure Authorization Form Town of Gilbert

This form authorizes the Town of Gilbert to release confidential transaction privilege and use tax information of the Taxpayer named below to the Appointee named below. This form is **NOT A POWER OF ATTORNEY** and **DOES NOT** grant the Appointee any powers of representation.

**TAXPAYER INFORMATION - Please print or type.**

Taxpayer name	Town of Gilbert Transaction Privilege Tax License Number
Address	State of Arizona Transaction Privilege Tax License Number
City                                  State                                  Zip Code	Federal Employer Identification Number
Contact Person – Name & Title	Daytime telephone number ( <i>with area code</i> )

**APPOINTEE INFORMATION**

Name	Company
Title	Address
Daytime telephone number ( <i>with area code</i> )	City                                  State                                  Zip Code
E-mail Address	<b>Appointee's Signature</b>

**TAX PERIODS**

Appointee is authorized to receive confidential Town of Gilbert Transaction Privilege and Use Tax information of the above named Taxpayer. This authorization is valid for **all reporting periods prior to the date of execution and for all reporting periods occurring within four (4) years after the date of execution, unless** the box below is checked and specific tax periods are stated. Authorization may only be granted for full reporting periods, i.e., "May-2004 through August-2008" if returns are filed on a monthly basis, or "2004 through 2010" if returns are filed on an annual basis. Determination of the tax returns subject to this disclosure authorization is at the sole discretion of the Tax Collector.

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**NO REVOCATION OF EARLIER AUTHORIZATIONS**

This Disclosure Authorization Form **does not revoke** any prior Power of Attorney or other authorization forms on file with the Town of Gilbert.

**SIGNATURE OF OR FOR THE TAXPAYER**

I hereby certify that the Town of Gilbert is authorized to release any and all confidential taxpayer information related to Gilbert Transaction Privilege & Use Tax concerning the above named Taxpayer. By signing this form I certify that I am the above named individual, or I am an owner, officer, partner, or member of the above named entity, or I have an authorized power of attorney to represent the above named Taxpayer on file with the Town of Gilbert. I further certify that I have express authority to execute this authorization form on behalf of the above named individual, corporation, limited liability company, partnership, or other business entity.

\_\_\_\_\_  
SIGNATURE    DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE