



AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Phone - (816) 513-1120

I (We) _____, authorize and request the City of Kansas City, Missouri, Finance Department, Revenue Division, to release confidential tax records pertaining to _____ for the tax reporting period(s): _____.

I (We) request these records for:

	Tax ID Number		Tax ID Number
<input type="checkbox"/> Employer Withholding		<input type="checkbox"/> C&T	
<input type="checkbox"/> Earnings		<input type="checkbox"/> Other	
<input type="checkbox"/> Profits			
<input type="checkbox"/> Business License			

The record should be:

Photocopied and copies forwarded to me (us) at: Street: _____
City, Street, Zip: _____

Photocopied and copies forwarded to the specified agent.

Made available for use by me (us) or the specified agent at the Revenue Division, 2nd floor City Hall, 414 E. 12th St., Kansas City, Missouri.

I (WE) SPECIFICALLY AUTHORIZE THE FOLLOWING AGENT TO EXAMINE THE ABOVE IDENTIFIED CONFIDENTIAL TAX RECORDS.

NAME	TITLE	SSN
STREET ADDRESS	PHONE	
CITY, STATE, ZIP CODE		

This authorization shall be effective this date and shall expire on _____, or until terminated by the undersigned.

The Commissioner of Revenue, and Revenue Division personnel, are hereby released from any and all liability pursuant to unauthorized disclosure of confidential tax information resulting from release of information under all applicable confidentiality laws including federal, state or local.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS AUTHORIZATION, AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE/SHE HAS ANY KNOWLEDGE.

SIGNATURE OF OR FOR TAXPAYER(S)
I (We) hereby certify that I (we) am (are) the taxpayer(s) named herein or that I (we) have the authority to execute this authorization for release of confidential information on behalf of the taxpayer(s).

NAME	TITLE (IF APPLICABLE)
SIGNATURE	DATE
NAME	TITLE (IF APPLICABLE)
SIGNATURE	DATE

PLEASE SEND COMPLETED FORMS TO:

Revenue Division
414 East 12th Street, 2nd Floor
Kansas City, Missouri 64106

www.kcmo.org