



pennsylvania

DEPARTMENT OF REVENUE

BUREAU OF ADMINISTRATIVE SERVICES
DIRECTOR'S OFFICE
12TH FL STRAWBERRY SQ
HARRISBURG PA 17128-1200

**AUTHORIZATION
FOR RELEASE OF TAX RECORDS**

PLEASE PRINT OR TYPE

Pennsylvania tax records are confidential and may be released only to the taxpayer or pursuant to a release signed by the taxpayer. Unauthorized disclosure of tax information is a criminal offense.

Completion of this form authorizes the PA Department of Revenue to release the tax return documents identified in Part II.

Carefully read the instructions on the reverse and fill out the form completely.

PART I - DESIGNATION OF INDIVIDUAL TO RECEIVE TAX RECORDS

1.	Full Name of Designated Individual	248-357-3330	Telephone No.
2.	RECORDS DEPOSITION SERVICE, INC.		
3.	Name of Individual, Firm or Agency		
	P.O. BOX 5054		
	Street Address		
4.	SOUTHFIELD	MICHIGAN	48086-5054
	City	State	ZIP Code

PART II - TAX RECORDS TO BE RELEASED (See Instructions on reverse side.)

1 Taxpayer's Name as Shown on Original Return	2 Tax ID No.	3 Tax	4 Record	5 Tax Period

6. Current Street Address of Taxpayer

City State ZIP Code

7. Street Address Used in Filing Returns

City State ZIP Code

PART III - CERTIFICATION

I certify that I:

- am the individual whose tax records are to be released.
- am a duly authorized corporate officer of the corporation for which tax records are to be released.
_____ (Corporate Title)
- am a general partner of the partnership for which tax records are to be released.
- am empowered by a power of attorney on tax matters to request release of the tax records. (See instructions on reverse side.)
- have been appointed as the executor or administrator of the will or estate of the deceased taxpayer whose tax records are to be released. (See instructions on reverse side.)

Signature _____

Date _____