

**RD 1062**

(Revised 8/2011)

Georgia Department of Revenue

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Georgia Department of Revenue

PO Box 49708

Atlanta, GA 30359-0708

**Disclosure Authorization Form**

*Print or Type*

<p><b>1. Taxpayer Information</b> Taxpayer(s) name(s) and address</p> <p style="text-align: center;">Vendor #</p> <p>Daytime Telephone Number</p>	<p><b><u>Enter only those that apply</u></b> Federal Employer ID No.</p> <hr/> <p>Social Security No.</p> <hr/> <p>Georgia State Tax ID No.</p> <hr/> <p>Georgia Sales Tax Registration No.</p> <hr/> <p>Georgia Withholding Tax No.</p>																		
<p><b>2. Appointee Information</b> Appointee name and address</p> <p>Georgia Department of Public Health Georgia WIC Program Office of Vendor Management Attn: Olivene McGregor 2 Peachtree Street, NW 10th Floor Atlanta, GA 30303</p> <p>Daytime Telephone Number</p>	<p><b><u>Provide one of the following identification numbers</u></b> State and State Attorney Bar Number</p> <hr/> <p>Social Security or other identification number <i>(for other ID provide number and type)</i></p> <hr/> <p>State and Certified Public Accountant Number</p>																		
<p><b>3. Tax Matters.</b> The appointee is authorized to receive confidential information for the tax matter listed below:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Tax Type</th> <th style="text-align: center;">[ ]</th> <th style="text-align: left;">Year(s) or Period (s)</th> </tr> </thead> <tbody> <tr> <td>Personal Income Tax.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Sales and Use Tax .....</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>10/01/13-09/30/15</td> </tr> <tr> <td>Corporate Income Tax.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Withholding Tax.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Other <i>(specify)</i></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </tbody> </table>		Tax Type	[ ]	Year(s) or Period (s)	Personal Income Tax.....	<input type="checkbox"/>		Sales and Use Tax .....	<input checked="" type="checkbox"/>	10/01/13-09/30/15	Corporate Income Tax.....	<input type="checkbox"/>		Withholding Tax.....	<input type="checkbox"/>		Other <i>(specify)</i>	<input type="checkbox"/>	
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<p><b>4. Revocation of Earlier Authorization(s).</b> This disclosure authorization form does not revoke any prior authorization forms on file with the Department unless the following box is checked: <input type="checkbox"/> If the box is checked, the revocation will be effective as to all earlier authorizations on file with the Department of Revenue except <i>(please specify)</i>:</p>																			
<p><b>5. Signature of or for the Taxpayer.</b> I hereby certify that the Georgia Department of Revenue is authorized to disclose and/or discuss confidential information or records concerning the undersigned taxpayer to the appointee named above for the tax type(s) and period(s) named above. If signed by a corporate officer, member, partner, trustee or executor/executrix, I certify that I have the authority to execute this authorization form on behalf of the taxpayer. I understand that to willfully prepare or present a document that is fraudulent or false is a misdemeanor under O.C.G.A. § 48-1-6.</p> <p>Signature: _____ Date: _____</p> <p>Print Name: _____ Title <i>(if applicable)</i>: _____</p> <p>The person signing as or for the taxpayer appeared this day before a notary public and acknowledged this disclosure authorization form as a voluntary act or deed.</p> <p>_____ Signature of Notary</p> <p>_____ Date</p> <p style="text-align: right;">NOTARY SEAL</p>																			