



Georgia Department of Revenue
Disclosure Authorization Form
 Submit this form to the Department employee handling your inquiry.

Section 1 Taxpayer Information

Taxpayer Name	SSN/FEIN	Telephone Number
Spouse's Name (if joint income tax return)	Spouse's SSN (if applicable)	Telephone Number (if applicable)
Mailing Address		
Spouse's Mailing Address (if different from above)		

Section 2 Appointee Information

Name of Appointee	Telephone Number	Email Address
Mailing Address		

Section 3 Tax Matters

The appointee is authorized to receive confidential information for the tax matter(s) listed below:

Tax Type	Tax Year(s) or Period(s)
Individual Income Tax	
Sales and Use Tax	10/01/2022-09/30/2025
Corporate Income Tax	
Withholding Tax	
Other (specify)	

Section 4 Signature of Taxpayer

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) listed above. If signed by a corporate officer, partner, member, trustee, or executor/executrix on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer. I understand that to willfully prepare or present a document that is fraudulent or false is a felony under O.C.G.A. § 16-10-20.

Signature	Print Name	Date	Title (if corporate officer)
Spouse's Signature	Print Spouse's Name	Date	

Acknowledgement of Disclosure Authorization. The person(s) signing as the taxpayer above appeared this day before a notary public and acknowledged this Disclosure Authorization Form as a voluntary act and deed.

Sworn and subscribed before me this _____ day of _____, 20_____.

Signature of Notary	Notary Seal
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Section 5 Expiration Upon Disclosure (For Internal Department Use Only)

This disclosure authorization form will automatically expire once the Department has disclosed all applicable information to the appointee.

Employee Making Disclosure:	Date of Disclosure:
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