



1513604011

## Disclosure Authorization Form

*Print or Type*

(Submit this form to the Department Division which is handling your inquiry)

<b>1. Taxpayer Information</b> Taxpayer(s) name(s) and address	<b><u>Enter only those that apply</u></b> Federal Employer ID No.  Social Security No.  Georgia State Tax ID No.  Georgia Sales Tax Registration No.  Georgia Withholding Tax No.
Daytime Telephone Number	
<b>2. Appointee Information</b> Appointee name and address  GEORGIA DEPARTMENT OF PUBLIC HEALTH GEORGIA WIC PROGRAM ATTN: OFFICE OF VENDOR MANAGEMENT 2 PEACHTREE STREET, NW 10TH FLOOR ATLANTA, GA 30303  Daytime Telephone Number	<b><u>Provide one of the following identification numbers</u></b> State and State Attorney Bar Number  Social Security or other identification number (for other ID provide number and type)  State and Certified Public Accountant Number
<b>3. Tax Matters.</b> The appointee is authorized to receive confidential information for the tax matter listed below:	
<b>Tax Type</b>	<b>Year(s) or Period (s)</b>
Personal Income Tax.....	
Sales and Use Tax .....	X 10/01/2023 - 09/30/2025
Corporate Income Tax.....	
Withholding Tax.....	
Other (specify) .....	
<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 of file with the Department of Revenue except (please specify):	
<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.	
Signature: _____ Date: _____	
Print Name: _____ Title (if applicable): _____	
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.	
_____ Signature of Notary	
_____ Date	
NOTARY SEAL	

**RD1062****Disclosure Authorization Form****Purpose of Form**

A taxpayer may use Form RD1062 to authorize the Georgia Department of Revenue to disclose and/or discuss confidential tax information for such taxpayer with an appointee for a specific tax type(s) and period(s). Form RD1062 cannot be used as a Power of Attorney and thus does not grant the appointee any powers of representation.

**Filing Instructions**

Taxpayers should submit Form RD1062 to the appropriate taxing division. Taxpayers should only use this form when submitting a specific request for information.

**Specific Instructions*****Section 1 - Taxpayer Information***

**Individuals** - Enter your name, address, and any applicable identification numbers.

***Section 2 - Appointee***

Enter the appointee's name, address, and any applicable identification numbers.

***Section 3 - Authorization***

Enter the tax type(s) and specific period(s) or year(s) for which the authorization is granted. A general reference to "all years" or "all periods" is not acceptable.

***Section 4 - Retention/Revocation of Prior Disclosure Authorization Forms***

All existing disclosure authorization forms previously filed by the taxpayer **will not** be revoked unless the taxpayer checks the box on this line. If the taxpayer checks off this box but does not want to revoke all existing disclosure authorization forms, the taxpayer should either specify the forms that the department should retain or attach a copy of such existing form(s).

A taxpayer may revoke a disclosure authorization form without authorizing a new appointee by filing with the department either:

- (1) A statement of revocation signed by the taxpayer indicating that the authority of the previous disclosure authorization form is revoked along with the name and address of each appointee whose authority is revoked; or
- (2) A copy of the disclosure authorization form to be revoked clearly marked "REVOKED."

It is important to note that the filing of a Form RD1062 disclosure authorization form **will not** revoke any Power of Attorney that is in effect.

***Section 5 - Signature of Taxpayer***

<b>Taxpayer</b>	<b>Who must sign</b>
Individuals	The individual/sole proprietor must sign.
Corporations	A corporate officer or a person designated by a corporate officer must sign.
Partnerships	A partner having authority to act in the name of the partnership must sign.
Trusts	A Trustee must sign.
Estates	An Executor/Executrix or the personal representative of the estate must sign.
Limited Liability Companies	A member having authority to act in the name of the company must sign.