

## Oregon Employment Department Tax Authorization Representative

This form allows the Employment Department to disclose your company's confidential tax information to your designee. You may designate a person, agency, firm or organization.

Owner Name/Title:	Telephone Number: (    )	Fax Number: (    )	
Company Name:		BIN:	
Mailing Address:	City:	State:	Zip Code:

The below named is authorized to receive my company's confidential tax information and/or discuss tax matters pertaining to my account before the Oregon Employment Department for:

- All tax years, **or**
- Specific tax years: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,
- All tax matters, **or**
- Specific tax matters: \_\_\_\_\_

I hereby appoint the following person as designee or authorized representative:

Authorization Representative name:	Telephone Number: (    )	Fax Number: (    )	
Title:	Company name:		
Mailing Address:	City:	State:	Zip Code:

Note:

This authorization form is active until revoked and automatically revokes and replaces all earlier tax authorizations on file with the Oregon Employment Department for the same tax matters and years or periods covered by this form. This information will not be disclosed externally.

This authorization must be signed or it will be returned.

Owner Signature:	Date:
------------------	-------

WorkSource Oregon Employment Department is an equal opportunity employer/program. Auxiliary aids and services, alternate formats and language services are available to individuals with disabilities and limited English proficiency free of cost upon request.

WorkSource Oregon Departamento de Empleo es un programa que respeta la igualdad de oportunidades. Disponemos de servicios o ayudas auxiliares, formatos alternos y asistencia de idiomas para personas con discapacidades o conocimiento limitado del inglés, a pedido y sin costo.



## ADDITIONAL INFORMATION

This form is used for two purposes:

- *Tax Information Disclosure Authorization*

Allows the department to disclose your confidential tax information to whomever you designate. Original notices of deficiency or assessment will be mailed to the taxpayer as required by law. The representative will **not** receive original notices we send to you.

- *Tax Authorization Representative Form*

Notifies the department that another person is authorized to receive your confidential tax information and/or to discuss tax matters pertaining to your account before the Oregon Employment Department.

This form is effective on the date signed. Authorization terminates when the department receives written revocation notice and/or a new form is submitted.

For corporations, "taxpayer" as used on this form, must be the corporation that is subject to Oregon tax.

**This form does not preclude the Oregon Employment Department from contacting the taxpayer directly regarding matters pertaining to their account as defined in ORS 657 and OAR 471.**

Fax: 503-947-1700

or

Mail to:

Employment Department  
Tax Section Room 107  
875 Union St NE  
Salem OR 97311

