



Form OR-AUTH-INFO

Authorization to Receive Tax Information

Use this form to authorize the Oregon Department of Revenue to disclose your confidential tax information to your designee. If a tax matter concerns a year for which a joint return was filed, see additional instructions on Form OR-AUTH-INFO Instructions.

- Print clearly. Use black or blue ink.
- This form will be rejected if it isn't signed by you, is incomplete, or has unreadable information.
- This form is invalid if modified or appended.
- See additional instructions on Form OR-AUTH-INFO Instructions.
- Submit your completed form through your Revenue Online account at revenueonline.dor.oregon.gov, or by email to questions.dor@dor.oregon.gov, or by mail to Oregon Department of Revenue, 955 Center St. NE, Salem, OR 97301-2555.

Part 1 – Taxpayer information (Individual or Business entity)

Taxpayer name		Phone number ()	
Business name			
Business owner/Officer name (Required if taxpayer is a business entity.)			
Social Security number (SSN) (Last 4)		Individual taxpayer identification number (ITIN) (Last 4)	
Business identification number (BIN)		Federal employer identification number (FEIN)	
Address	City	State	ZIP code

Part 2 – Authorization to receive tax information

I authorize the Department of Revenue to share my confidential tax information with the designee (person, firm, organization, or agency) named below. I authorize my designee access to **all** tax years and **all** tax programs unless the authorization is limited in Part 3.

Designee name		Phone number ()	
Firm, organization, or agency name			
Title (if applicable)		Email	
Address	City	State	ZIP code
Relationship			

Part 3 – Authorization limitations

I limit the access of my authorized designee to particular tax years or particular tax programs or both as follows:

Tax year(s): _____

Tax program(s): _____

Part 4 – Revocation of prior authorizations

Prior authorizations to receive tax information remain in effect until revoked in writing. If you wish to revoke previous authorizations to receive tax information, initial here _____.

Part 5 – Taxpayer declaration and signature

Your signature below acknowledges that your designee may receive your confidential tax information. Corporate officers, partners, fiduciaries, or other qualified persons signing on behalf of the taxpayer: Under penalties for false swearing, I also certify and declare that I have the authority to execute this form.

Signature X	Date
Name	