



Form OR-AUTH-REP Authorization to Represent

Use this form to authorize the Oregon Department of Revenue to disclose your confidential tax information to the authorized representative you identify below and to allow that representative to make decisions on your behalf. The person you authorize must meet the qualifications listed in the instructions. If a tax matter concerns a year for which a joint return was filed, see additional instructions on Form OR-AUTH-REP Instructions.

- Print clearly. Use black or blue ink.
- This form will be rejected if it isn't signed by both you and your authorized representative, is incomplete, or has unreadable information.
- This form is invalid if modified or appended.
- See additional instructions on Form OR-AUTH-REP 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 represent, Representative's attestation and signature

I authorize the Department of Revenue to share my confidential tax information to the authorized representative named below. I authorize my representative to make decisions on my behalf. The authorized representative must meet the qualifications to represent me before the Oregon Department of Revenue. My authorized representative will represent me for **all** tax years and **all** tax programs unless the authorization is limited in Part 3.

Representative name		Phone number ()	
Firm, organization, or agency name			
Title (if applicable)		Email	
Address	City	State	ZIP code
Relationship	CPA, State Bar Number, or Oregon License Number (LTP, LTC, Agent)		
Signature of representative—By signing below as an authorized representative, I attest that I meet the qualifications to represent under Oregon law.			Date

Part 3—Authorization limitations

I limit the access and representation of my authorized representative 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 represent remain in effect until revoked in writing. If you wish to revoke previous authorizations to represent, initial here _____.

Part 5—Taxpayer declaration and signature

Your signature below acknowledges that your representative may receive your confidential tax information and that actions taken by your authorized representative are binding on you, even if an authorized representative isn't an attorney. Proceedings can't later be declared legally defective because your authorized representative was not an attorney. 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	