

Legislator Authorization to Discuss Tax Information

Use this form to authorize the Connecticut Department of Revenue Services (DRS) to discuss your tax information with Connecticut legislators and staff. This release does not authorize DRS to disclose or otherwise provide copies of tax returns. Tax information is confidential and cannot be shared with anyone without express permission.

By completing this form, you authorize DRS to discuss your tax information with the legislator(s) and legislative staff you identify. This request may be limited to certain tax information for a particular period.

1. Taxpayer Information Taxpayer or business name			
		Telephone number	
Mailing address			
City	State	ZIP code	
Email		Fax	
2. Share my confidential tax	information with the legislator(s	s) and their staff listed below:	
Legislator or legislative staff ı	name:		
Problem and Information to b	e shared:		
Please check the appropriate	e box below:		
Any tax period.			
Specific tax period:	Month/quarter and year to Month/quarter	er and year	
3. Signature			
I declare that I am the taxpayer listed legislator(s) and staff identified above.		the specific return information listed in section 2 he	reof with the specific
Taxpayer signature		Date	
Print name of taxpayer			
This authorization remains in ef	fect until revoked in writing by eithe	er party but not longer than six months fron	n the date signed.

4. Where to send form

Email: Ernest.Adamo@ct.gov Mail: Department of Revenue Services

Keep a copy for your files. To revoke this authorization, write "Revoke" across the front and return it to DRS as indicated in Item 4.

450 Columbus Blvd Ste 1 Hartford, CT 06103-1837

Attn: Ernest Adamo, Legislative Liaison