



STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

AUTHORIZATION FOR TAX COMPLIANCE CHECK

The Department of Revenue Services conducts tax compliance checks on all candidates being considered for permanent, temporary and paid/un-paid intern positions. It is necessary for you to provide us with the following information in order to complete this check. Your application may not receive further consideration if you refuse to provide this information or are determined to be in non-compliance with Federal and State tax laws.

The information provided is used only for the purpose stated herein.

I, _____ (_____), do hereby authorize the Department of Revenue Services to conduct a tax compliance check using the following information. I understand that if I refuse to provide this information, or if I am found to be in non-compliance with Federal and State tax laws, my candidacy may not receive further consideration. I certify that all information provided is complete and accurate.

PLEASE PRINT:

Full Name: _____

Social Security #: _____

State of Connecticut Tax Filing Status: Please Check One:

- Single
Head of Household
Qualifying Widow(er) w/ Dependent Child
Married Filing Jointly - Spouse's Social Security #: _____
Married Filing Separately. - Spouse's Social Security #: _____

Were you legally required to file a federal and/or state tax return in the past 7 years? If you were not legally required to file a federal and/or state tax return you must indicate the tax year(s) and the legal reason you were not required to file:

If no, explain

Table with 3 columns: Year (2011-2017), Yes/No checkboxes, and explanation lines.

A photocopy of this release will be valid as an original thereof.

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