

## STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES

450 COLUMBUS BOULEVARD, SUITE 1 • HARTFORD, CT 06103-1831

## 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 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.			
Ι,		(	), do hereby authorize the Department of
* Name	e	Date	•
to provide t	his information, or	if I am found to b	tusing the following information. I understand that if I refuse the in non-compliance with Federal and State tax laws, my retify that all information provided is complete and accurate.
*By typing electronic si	anatuus	-	our typed name will be accepted and considered as your
PLEASE P			
Full Name:			
Social Secu	ırity #:		
State of Con	nnecticut Tax Filli	ng Status: Please C	heck One:
	Married Filing	dow(er) w/ Depend g Jointly - Spouse's	lent Child s Social Security # use's Social Security #
legally requ		eral and/or state tax to file:	for state tax return in the past 7 years? If you were not a return, you <b>must</b> indicate the tax year(s) and the legal explain
2022	Yes	No	<b>-</b>
2021	Yes	No	
2020	Yes		
2019	Yes	No	
2018	Yes Yes	No	
2017	Yes	No	
2016	Yes	No	

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