



**Department of
Taxation**

Tax Release Unit
P.O. Box 182382
Columbus, OH 43218-2382

Request for Taxpayer Information

Please fill in the Taxpayer Name, Request Type, and indicate the Tax Credit or Incentive Sought.

Taxpayer Name: _____

	<u>Request Type</u>	<u>Description</u>	<u>Tax Credit or Incentive Sought</u>
<input type="checkbox"/>	Certified Debt Review	All Ohio business tax accounts are reviewed, and a summary of outstanding certified tax obligations (if any) is provided.	
<input type="checkbox"/>	Status Update	A second review of an entity to verify resolution of their certified tax issues.	

Requester Comments:

ODT Comment:

Authorization to Release Tax Information

I, _____, (printed name of taxpayer) hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release my tax records, including federal and State of Ohio income tax information, to the Ohio Venture Capital Authority, Ohio Housing Finance Agency, Ohio Rail Development Commission, Ohio Air Quality Development Authority, Ohio Secretary of State, and Workforce Development Board of Central Ohio. I understand that these records may be used by the above-referenced organizations to ensure my taxpayer compliance with all tax laws, and to verify the information reported to the above-referenced organizations for various purposes relating to evaluation of potential tax credits, grant awards, or loan issuances. I expressly waive the confidentiality provisions of the Internal Revenue Code and the Ohio Revised Code which would otherwise prohibit disclosure, and agree to hold the above-referenced organizations harmless with respect to the limited disclosure herein. Except as authorized by this waiver, the above-referenced organizations must maintain the confidentiality of the information received pursuant to O.R.C. 1347.15(H), I.R.C. 6103, I.R.C. 7213, and/or other governing statutory authority or provisions with respect to this waiver. Further, this tax information is potentially protected in accordance with O.R.C. 149.43(A)(1)(v).

I certify under penalties of perjury that I am the taxpayer identified below or an agent authorized to certify on its behalf.

Company Name: _____

Name & Title of Agent (printed): _____

Signature of Authorized Agent: _____

Date: _____ Company Phone Number: _____

Company Address: _____

REQUIRED INFORMATION:

Ohio Employer Withholding Account Number: _____

Federal Employer Identification Number: _____

Social Security Number (if applicant is an individual): _____

OTHER INFORMATION:

Ohio Charter Number: _____

Ohio Franchise Number: _____

Commercial Activity Tax Account Number: _____

Ohio Vendor's License Number: _____

Ohio Consumer's Use Tax Account Number: _____