

City of Kansas City, Missouri - Revenue Division
**AUTHORIZATION FOR RELEASE
OF CONFIDENTIAL INFORMATION**



KANSAS CITY
MISSOURI

Phone: (816) 513-1120
Fax: (816) 513-1075
E-file: www.kcmo.org/revenue

I (We) _____, authorize and request the City of Kansas City, Missouri, Finance Department, Revenue Division, to release confidential tax records pertaining to _____ for the tax reporting period(s): _____.

I (We) request these records for:		Tax ID Number		Tax ID Number
<input type="checkbox"/> Employer Withholding	_____	<input type="checkbox"/> C&T	_____	_____
<input type="checkbox"/> Earnings	_____	<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Profits	_____	<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Business License	_____	<input type="checkbox"/> Other	_____	_____

The record should be:

Photocopied and copies forwarded to me (us) at: Street: _____
City, State, Zip: _____

Photocopied and copies forwarded to the specified agent

Made available for use by me (us) or the specified agent at the address at the bottom of this form.

I (WE) SPECIFICALLY AUTHORIZE THE FOLLOWING AGENT TO EXAMINE THE ABOVE IDENTIFIED CONFIDENTIAL TAX RECORDS.

NAME	TITLE	SSN
STREET ADDRESS	PHONE	
CITY, STATE, ZIP CODE		

This authorization shall be effective this date and shall expire on _____, or until terminated by the undersigned.

The Commissioner of Revenue, and Revenue Division personnel, are hereby released from any and all liability pursuant to unauthorized disclosure of confidential tax information resulting from release of information under all applicable confidentiality laws including federal, state or local.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS AUTHORIZATION, AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, AND COMPLETE, IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE/SHE HAS ANY KNOWLEDGE.

SIGNATURE OF OR FOR TAXPAYER(S)

I (We) hereby certify that I (we) am (are) the taxpayer(s) named herein or that I (we) have the authority to execute this authorization for release of confidential information on behalf of the taxpayer(s).

NAME	TITLE (IF APPLICABLE)
SIGNATURE	DATE
NAME	TITLE (IF APPLICABLE)
SIGNATURE	DATE

PLEASE SEND COMPLETED FORM(S) TO:

Revenue Division
City Hall, Second Floor
414 E. 12th St.
Kansas City, MO 64106