Ohio | Department of Taxation

LIMITED TAX WAIVER

Part 1

I (WE) HEREBY AUTHORIZE THE TAX COMMISSIONER OR HIS DESIGNEE TO REVIEW THE RECORDS OF THE OHIO DEPARTMENT OF TAXATION CONCERNING MY (OUR) COMPLIANCE WITH THE REQUIREMENTS FOR FILING PERSONAL INCOME TAX RETURNS AND PAYING PERSONAL INCOME TAXES IN A TIMELY MANNER. I (WE) AUTHORIZE THE COMMISSIONER OR HIS DESIGNEE, ON THE BASIS OF THIS REVIEW, TO COMPLETE PART 2 OF THIS FORM AND SEND IT TO THE DIRECTOR OF _____ OR HIS DESIGNEE. IN MAKING THIS AUTHORIZATION, I (WE) EXPRESSLY WAIVE THE CONFIDENTIALITY PROVISION OF OHIO LAW WHICH WOULD OTHERWISE PROHIBIT SUCH DISCLOSURE AND HOLD THE DEPARTMENT OF TAXATION, AND ITS EMPLOYEES HARMLESS WITH RESPECT TO THE LIMITED DISCLOSURE AUTHORIZED HEREIN.

Applicant's Printed Name	Applicant's Signature	Applicant's SSN	Date
Spouse's Printed Name	Spouse's Signature	Spouse's SSN	Date

*** THE SIGNATURE AND SSN OF A SPOUSE ARE NECESSARY ONLY IF THIS RELEASE WILL COVER "MARRIED FILING JOINTLY" INCOME TAX RETURNS.**

Sworn To Before Me and Subscribed In My Presence This _____ Day of _____

20_____ At _____ County of _____ And State Of _____

_____
Notary

My Commission Expires

_____

** APPLICANTS: DO **NOT** WRITE BELOW THIS LINE **

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