



Department of Taxation

Office of Agency Performance  
Internal Audit Division  
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### Limited Tax Waiver

#### **Part 1- To be Completed by Applicant**

I (we) hereby authorize the Tax Commissioner or his designee to review the records of the Ohio Department of Taxation (ODT) concerning my (our) compliance requirements for timely filing and, if applicable, payment of Personal Income Taxes, as well as timely filing and, if applicable, payment of School District Income Taxes if I (we) reside(d) in a taxing school district.

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 (Agency) \_\_\_\_\_ or his/her designee. In making this authorization, I (we) expressly waive the confidentiality provision of Ohio law which would otherwise prohibit such disclosure and release the Ohio Department of Taxation and its employees from any and all liability with respect to the limited disclosure outlined in Part 2 and authorized herein.

\_\_\_\_\_  
Applicant's Printed Name      Applicant's Signature      Applicant's SSN      Date

\_\_\_\_\_  
Spouse's Printed Name      Spouse's Signature      Spouse's SSN      Date

**Note:** The signature and SSN of a spouse is required if this release pertains to Married Filing Jointly Personal Income Tax and School District Income Tax returns.

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

at \_\_\_\_\_, County of \_\_\_\_\_ and the State of \_\_\_\_\_

\_\_\_\_\_  
Notary

\_\_\_\_\_  
My Commission Expires

#### **Part 2- Applicants: Do Not Write Below This Line.**

I have reviewed the Personal Income Tax and, if applicable, School District Income Tax filing and payment history securely maintained by the Ohio Department of Taxation as requested and approved by the individual(s) listed above. Based upon this review, I find the following:

\_\_\_\_\_ No further information is necessary at this time.

\_\_\_\_\_ Further information is required at this time. Applicant must contact ODT Liaison.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Jennifer McFarland, Administrator