



MISSOURI DEPARTMENT OF REVENUE  
**AUTHORIZATION FOR RELEASE OF  
 CONFIDENTIAL INFORMATION**

FORM  
**8821**  
 (REV. 11-2007)

I, \_\_\_\_\_, authorize and request the Missouri Department of Revenue, to release confidential tax records pertaining to \_\_\_\_\_ for the tax reporting period(s): \_\_\_\_\_

I request these records for:

	<u>Tax ID Number</u>		<u>Tax ID Number</u>
<input type="checkbox"/> Corporate Income / Franchise Tax	_____	<input type="checkbox"/> Sales/Use Tax	_____
<input type="checkbox"/> Employer Withholding Tax	_____	<input type="checkbox"/> Motor Fuel Tax	_____
<input type="checkbox"/> Individual Income Tax (List Social Security Number under Tax I.D. Number)	_____	<input type="checkbox"/> Financial Institution Tax	_____
		<input type="checkbox"/> Other _____	_____

The record should be:

- Made available for use by me or the specified agent on the 3rd Floor, Truman Building, Jefferson City, Missouri.
- Photocopied and copies forwarded to me at: Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_
- Photocopied and copies forwarded to the agent specified below.

**I SPECIFICALLY AUTHORIZE THE FOLLOWING AGENT TO EXAMINE THE ABOVE IDENTIFIED CONFIDENTIAL TAX RECORDS.**

NAME	TITLE	SSN _____-____-_____
STREET ADDRESS	PHONE (____) _____-_____	
CITY, STATE, ZIP CODE		

**(COMPLETE THIS SECTION IF REQUESTING CONFIDENTIAL TAX RECORDS FOR A BUSINESS, CORPORATION, S CORPORATION, OR PARTNERSHIP)**

I am authorized to sign this document as an officer, partner, or owner of the corporation or business. This authorization shall be effective this date and shall expire on \_\_\_\_\_, or until terminated by the undersigned.

For sales tax records only — The Director of Revenue may charge not more than fifty dollars per day for use of facilities within the division or charge not more than one dollar per page for photocopies of confidential records to defray costs incurred.

The Director of Revenue and department personnel, are hereby released from any and all liability pursuant to unauthorized disclosures of confidential tax information resulting from release of information under Section 32.057, RSMo or any other applicable confidentiality statute.

**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 THE OWNER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE HAS ANY KNOWLEDGE.**

OWNER/OFFICER SIGNATURE	DATE ____/____/____	PHONE NUMBER (____) _____-_____
PRINTED NAME	TITLE	SSN _____-____-_____

**PLEASE SEND COMPLETED FORM TO**

**Corporate Income / Franchise Tax**  
 Missouri Department of Revenue  
 Business Tax  
 P.O. Box 3365  
 Jefferson City, MO 65105-3365

**Individual Income Tax**  
 Missouri Department of Revenue  
 Personal Tax  
 P.O. Box 2200  
 Jefferson City, MO 65105-2200

**All Other Taxes**  
 Missouri Department of Revenue  
 Support Services  
 P.O. Box 3022  
 Jefferson City, MO 65105-3022