

Oregon Employment Department Tax Authorization Representative

This form allows the Employment Department to disclose your company's confidential tax information to your designee. You may designate a person, agency, firm or organization.

Owner Name/Title:	Telephone Number: ()	Fax Number: ()	
Company Name:			BIN:
Mailing Address:	City:	State:	Zip Code:

The below named is authorized to receive my company's confidential tax information and/or discuss tax matters pertaining to my account before the Oregon Employment Department for:

- ☐ All tax years, **or**
- ☐ Specific tax years: _____, _____, _____, _____, _____,
- ☐ All tax matters, **or**
- ☐ Specific tax matters: _____

I hereby appoint the following person as designee or authorized representative:

Authorization Representative name:	Telephone Number: ()	Fax Number: ()	
Title:	Company name:		
Mailing Address:	City:	State:	Zip Code:

Note:

This authorization form is active until revoked and automatically revokes and replaces all earlier tax authorizations on file with the Oregon Employment Department for the same tax matters and years or periods covered by this form. This information will not be disclosed externally.

This authorization must be signed or it will be returned.

Owner Signature:	Date:

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Disponemos de servicios o ayudas auxiliares, formatos alternos y asistencia de idiomas para personas con discapacidades o conocimiento limitado del inglés, a pedido y sin costo.

