

CONFIDENTIAL TAX INFORMATION AUTHORIZATION

EXC/TIA

Attention: _____ Fax: _____

Tax information is confidential and cannot be shared with anyone without the business/employer's express permission. By completing this form, you are authorizing the agency to share your confidential tax information with the person(s) you name below. This is not a Power of Attorney form; it does not authorize parties to represent you by speaking on your behalf. Please fill in all parts of this form, carefully describing the specific information you want the agency to share and the periods covered by this authorization. This request may cover all confidential tax information or it may be limited to certain information and/or periods of time. **Please read instructions on Page 2.**

NOTE: This form will remain in effect until cancelled or replaced. Please refer to the Instructions on Page 2, Part 4.

1. EFFECTIVE DATE OF THIS AUTHORIZATION: MM/DD/YYYY

2. Enter ~~UBI/TIN~~ (use ES reference number for Employment Security) 999999-99 9

3. Name of business/employer giving the selected agency authorization to share confidential tax information.

Business/employer name(s) and mailing address:
COMPANY LEGAL NAME
COMPANY TRADE/DBA NAME
COMPANY LEGAL ADDRESS
CITY, STATE, ZIP CODE

Telephone: (999) 999-9999
Fax: (999) 999-9999
E-mail: (optional) _____
FEIN No: (optional) 99-9999999
Check if new: Address Phone No.

4. Person, company, or firm with whom your confidential information can be shared.

Name and mailing address:
PAYCYCLE, INC.
6884 SIERRA CENTER PKWY
RENO, NV 89511

UBI/TIN/EIN: 94-3345425
Telephone: (888) 927-7478
Fax: (800) 536-1281
E-mail: (optional) _____
Check if: New and cancels any current Authorization
 Adds an additional person or company to current Authorization on file

Note: This does not change the official mailing address for sending information to the business/employer.

5. Information to be shared (please describe or state "All") **6. Year(s) or filing period(s) (be specific or state "All")**

EMPLOYMENT SECURITY DEPT
(ESD, UNEMPLOYMENT)

ALL

7. Signature of person giving authorization (see instruction)


I declare that I am authorized to execute this form on behalf of the business/employer for the information and periods stated above. I am listed in official records held by Washington Secretary of State or Department of Licensing as the owner, partner, corporate officer, LLC member or manager. I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.


x **PRIMARY PRINCIPAL NAME** _____ **TITLE** _____
Print Name Title (if applicable) Please Print


x **PRIMARY PRINCIPAL SIGNATURE** _____
Signature

x **MM/DD/YYYY** _____ **CITY AND STATE IN WHICH SIGNED** _____
Dated City and State in Which Signed

8. Make a copy of this form for your files. Fax or mail original form to each agency as needed.

 **Washington State**
Department of Revenue
Taxpayer Services
 PO Box 47478
Olympia, WA 98504-7478
FAX: (360) 705-6733

 **Washington State**
Employment Security Department
 PO Box 9046
Olympia, WA , 98507-9046
FAX: (360) 902-9264

 **Washington State**
Department of Labor & Industries
PO Box 44140
 Olympia, WA 98504-4140
FAX: (360) 902-4729
Scanned copy: estechsupport@lni.wa.gov

To request this document in an alternate format, call 1-800-647-7706. Teletype (TTY) users may call (360) 705-6718.

Instructions for Completing the Confidential Tax Information Authorization

The Confidential Tax Information Authorization form (Authorization) grants the Department of Revenue (DOR), Department of Labor and Industries (L&I), and Employment Security Department (ESD) permission to disclose to any individual, corporation, firm, organization, or partnership you designate to inspect and/or receive your confidential tax information for the specified type and for the year(s) or period(s) you list on the form. **Note:** This is not a Power of Attorney form; it does not authorize parties to represent you by speaking on your behalf. Please read the instructions that follow.

PLEASE PRINT OR TYPE

If you were asked to send this document to a specific department employee enter the person's name on the **Attention** line at the top of the document along with his or her fax number. Otherwise, see instructions Part 8. A copy needs to be sent to each agency as needed.

Part 1

Enter the date you want this authorization to begin. ~~Normally this will be the current date.~~ **Enter your 1st payroll date.**

Part 2

Enter ~~UBI number or~~ ES reference number.

Part 3

Provide complete information about the person that is granting authorization for disclosure of their confidential tax information. This must include the following information or the Authorization cannot be processed:

- Legal name of the person (eg. Owner name/partnership name/corporate name/limited liability company (LLC) name etc).
- Mailing address of the ~~person.~~ **company.**
- Contact telephone number for the person (including fax number, e-mail address, and FEIN if available).
- Indicate if either the address or telephone number are new to the account. **Leave this blank.**

Part 4

Provide complete information regarding the person or company to whom the information is to be disclosed. This must include the following information or the Authorization cannot be processed:

- Name of the ~~person, company, or firm~~ to whom the information can be released.
- Full mailing address of the ~~person, company, or firm.~~
- Contact telephone number of the person, company, or firm (including fax number and e-mail address if available).
- Check the applicable box * indicating whether this Authorization is new or replaces current Authorization(s) on file, or adds an additional person or company to the current Authorization on file.
(*Checking the new box will cancel previous Authorization on file).

Note: This does not change the official mailing address for sending information to employer.

To only cancel an existing Authorization on your account: Complete Parts 1, 2, 3, 4 and 7. In Part 4 write "Cancel Previous Authorizations" in the name and address box.

Part 5

Indicate the information to be released to the person or company. You can choose to be very specific, limiting the information to be disclosed, or you can indicate "All" to indicate no limitations to the information to be disclosed.

Part 6

Indicate the year(s) or filing period(s) for the information that you wish to be disclosed to the person or company, or state "All" to indicate that there are no limitations.

Part 7

To complete this section, you must be an authorized signer. Authorized signers are generally the business owner, a partner, corporate officer, or LLC member listed in Washington State records. If you cannot be verified by the Agency as an authorized signer, it is your responsibility to provide supporting documentation that indicates you are authorized to give the Agency this permission (e.g. corporate minutes, annual report, letter of delegation, job description, certain in-person contact, guardian, executor, receiver, administrator, etc.). If your documentation cannot be verified, your request will not be allowed and you will be notified by the Agency.

Part 8

Keep a copy of this completed form for your files. Unless instructed otherwise, send a copy of this form to each agency as needed, using the fax numbers or addresses on the front of this form.