

**FORM 156 AUTHORIZATION FOR THE RELEASE OF TAX RECORDS/INFORMATION**

I hereby authorize the Comptroller of Maryland to release the confidential Maryland tax records and information of:

TAXPAYER*:		*Also known as	
SOCIAL SECURITY NUMBER		DATE OF BIRTH	PHONE NUMBER
STREET ADDRESS			
CITY	STATE	ZIP CODE	

The information is to be released to:

NAME		AGENCY	
STREET ADDRESS			
CITY	STATE	ZIP CODE	
PHONE NUMBER			

Any and all tax records and/or information (including liabilities, delinquencies, liens, etc.) for the following years:

- 2003     2004     2005     2006     2007     2008     2009  
 2010     2011     2012     2013     Other \_\_\_\_\_

The purpose for such disclosure is:

- At my request     Payment/Insurance     Healthcare     Employment     Other: \_\_\_\_\_

This authorization will expire one year from the date it is signed unless a shorter period of time is indicated here:

**Authorization For The Release of Tax Records**

I understand:

- This authorization is voluntary.
- I may receive a copy of this form.
- I may inspect my confidential tax information without signing this form.
- This authorization to disclose information may be revoked by me at any time, except to the extent that action has been taken prior to receipt of revocation. To revoke the authorization, I understand that I must notify the Comptroller of Maryland in writing.

_____	_____
Taxpayer or Personal Representative's Signature	Date
_____	_____
Printed Name of Taxpayer or Personal Representative	Phone Number

If the signature is other than the taxpayer's, explain your authority to act for the taxpayer, and attach the appropriate documentation (Power of Attorney, Letter of Administration, etc.):

_____	_____	_____
Signature of Witness	Date	Printed Name of Witness

**MAIL TO:** Legal Section  
Comptroller of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, Maryland 21411

**FAX:** 410-974-2968

OFFICE USE ONLY			
Tax Year(s)	Account No.(s)	Taxpayer's Signature(s) verified by	
		Photocopied by	Reviewed by
Researcher's Initials	Date	Date Copies/Info Released	