

**ARIZONA FORM**

**285B**

Effective April 1, 2000

**Disclosure Authorization Form**

ARIZONA DEPARTMENT OF REVENUE

This form authorizes the Department to release confidential information of the taxpayer(s) named below to the appointee(s) named below for the tax type(s) specified below. This form is NOT A POWER OF ATTORNEY and DOES NOT grant the appointee(s) any powers of representation.

1. TAXPAYER INFORMATION - <i>Please print or type.</i>		<i>Enter only those that apply:</i>
Taxpayer name(s)		Federal Employer Identification Number
Present address - number and street, rural route, apartment/suite no.		Arizona Withholding Number
City, town or post office	State Zip Code	Arizona Transaction Privilege Tax License Number
Daytime telephone number ( <i>with area code</i> )		

2. APPOINTEE INFORMATION	2 <sup>ND</sup> APPOINTEE (if applicable)
Name <b>Nathaniel N. Snyder, C.P.A. c/o AZ Dept of Liquor</b>	Name
Address <b>800 W. Washington, 5th Floor</b>	Address
City, town or post office State Zip Code <b>Phoenix AZ 85007</b>	City, town or post office State Zip Code
Daytime telephone number ( <i>with area code</i> ) <b>(602) 763-3854</b>	Daytime telephone number ( <i>with area code</i> )
Social Security or ID Number ( <i>Please specify type</i> ) <b>10008E AZ CPA License</b>	Social Security or ID Number ( <i>Please specify type</i> )

**3. TAX MATTERS**

The appointee is authorized to receive confidential information for the tax matters listed below.

Transaction Privilege and Use Tax

Withholding Tax

**4. TAX PERIODS**

This authorization will be valid for all past years and four (4) future years **unless** the following box is checked and tax periods are specified..... 4.

*Please specify more limited periods:*

**5. REVOCATION OF EARLIER AUTHORIZATION(S)**

This Disclosure Authorization Form **does not revoke** any prior Power of Attorney or other authorization forms on file with the Department.

**6. SIGNATURE OF OR FOR TAXPAYER**

I hereby certify that the Arizona Department of Revenue is authorized to release any and all confidential information concerning the above-mentioned Taxpayer. By signing this form, I certify that I have the authority, within the meaning of A.R.S. §42-2003(A), to execute this authorization form on behalf of the above-mentioned corporation(s), limited liability company(ies), trust(s), partnership(s), and/or individual(s). I understand that to knowingly prepare or present a document which is fraudulent or false is a class 5 felony pursuant to A.R.S. §42-1127(B)(2).

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE DATE

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PRINT NAME

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TITLE