REV-467 LE+ (08-08)

Signature



BUREAU OF ADMINISTRATIVE SERVICES DIRECTOR'S OFFICE 12TH FL STRAWBERRY SQ HARRISBURG PA 17128-1200

AUTHORIZATION FOR RELEASE OF TAX RECORDS

PLEASE PRINT OR TYPE

Pennsylvania tax records are confidential and may be released only to the taxpayer or pursuant to a release signed by the taxpayer. Unauthorized disclosure of tax information is a criminal offense.

Completion of this form authorizes the PA Department of Revenue to release the tax return documents identified in Part II.

Carefully read the instructions on the reverse and fill out the form completely.

RT I - DESIGNATION OF INDIVIDUAL TO F	RECEIVE TAX REC	ORDS		
248-357-3330				
Full Name of Designated Individual Telephone No. RECORDS DEPOSITION SERVICE, INC.				
Name of Individual, Firm or Agency P.O. BOX 5054				
Street Address				
SOUTHFIELD		MICHIGAN	48086-5054	
City		State	ZIP Code	
RT II - TAX RECORDS TO BE RELEASED			4	5
payer's Name as Shown on Original Return	Tax ID No.	Tax	Record	Tax Period
Current Street Address of Taxpayer City Street Address Used in Filing Returns		State	ZIP	Code
City		State	ZIP Code	
rtify that I:				
am the individual whose tax records are to be re-	leased.			
·		records are to be released.		
am a general partner of the partnership for which	n tax records are to be	e released.		
am empowered by a power of attorney on tax matters to request release of the tax records. (See instructions on reverse side.)				
have been appointed as the executor or administrator of the will or estate of the deceased taxpayer whose tax records are to be released. (See instructions on reverse side.)				
	Full Name of Designated Individual RECORDS DEPOSITION SERVICE, IN Name of Individual, Firm or Agency P.O. BOX 5054 Street Address SOUTHFIELD City RT II - TAX RECORDS TO BE RELEASED 1 payer's Name as Shown on Original Return Current Street Address of Taxpayer City Street Address Used in Filing Returns City RT III - CERTIFICATION 1 partify that I: am the individual whose tax records are to be ream a duly authorized corporate officer of the corporate officer of the corporate of the partnership for which am empowered by a power of attorney on tax man have been appointed as the executor or administration of the partnership for which am empowered by a power of attorney on tax man have been appointed as the executor or administration of the partnership for which am empowered by a power of attorney on tax man have been appointed as the executor or administration of the partnership for which the partnership for whic	Full Name of Designated Individual RECORDS DEPOSITION SERVICE, INC. Name of Individual, Firm or Agency P.O. BOX 5054 Street Address SOUTHFIELD City RT II - TAX RECORDS TO BE RELEASED (See Instructions of Dayer's Name as Shown on Original Return Tax ID No. Current Street Address of Taxpayer City Street Address Used in Filing Returns City RT III - CERTIFICATION Intify that I: In the individual whose tax records are to be released. In a duly authorized corporate officer of the corporation for which tax (Corporate Title) In am a general partner of the partnership for which tax records are to be am empowered by a power of attorney on tax matters to request release have been appointed as the executor or administrator of the will or est	Full Name of Designated Individual RECORDS DEPOSITION SERVICE, INC. Name of Individual, Firm or Agency P.O. BOX 5054 Street Address SOUTHFIELD MICHIGAN City State RT II - TAX RECORDS TO BE RELEASED (See Instructions on reverse side.) Dayer's Name as Shown on Original Return Tax ID No. Tax Current Street Address of Taxpayer City State Street Address Used in Filing Returns City State RT III - CERTIFICATION rrifty that I: am the individual whose tax records are to be released. am a duly authorized corporate officer of the corporation for which tax records are to be released. am a general partner of the partnership for which tax records are to be released. am empowered by a power of attorney on tax matters to request release of the tax records. (See in thave been appointed as the executor or administrator of the will or estate of the deceased taxpaye	Full Name of Designated Individual RECORDS DEPOSITION SERVICE, INC. Name of Individual, Firm or Agency P.O. BOX 5054 Street Address SOUTHFIELD MICHIGAN 48086-5 City State ZIP RT II - TAX RECORDS TO BE RELEASED (See Instructions on reverse side.) Tax ID No. Tax 4 Record Current Street Address of Taxpayer City State ZIP Street Address Used in Filing Return Tity State ZIP Street Address Used in Filing Returns City State ZIP Street Address Used in Filing Returns City State ZIP AT III - CERTIFICATION rntify that I: am the individual whose tax records are to be released. am a duly authorized corporate officer of the corporation for which tax records are to be released. (Corporate Title) am a general partner of the partnership for which tax records are to be released. am a general partner of the partnership for which tax records are to be released. am empowered by a power of attorney on tax matters to request release of the tax records. (See instructions on reverse have been appointed as the executor or administrator of the will or estate of the deceased taxpayer whose tax records a

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