

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL STATE TAX INFORMATION AND
CONFIDENTIAL UNEMPLOYMENT INSURANCE INFORMATION**

The undersigned (noted below as "Taxpayer") is an applicant for or a recipient of an award by the **Iowa Department of Economic Development** and has entered into contract number **-BTC-** .

The undersigned hereby authorizes the Department of Revenue to provide to (Awarding Agency) state tax information in the file pertinent to this contract or tax credit certificate(s). This Authorization for Release of Confidential State Tax Information shall be valid for all tax periods either 1) for a 3-year period following completion of the contract or 2) for a 3-year period following completion of tax credit claims using the above tax credit certificate number(s), whichever is longer.

In the case of pass-through business entities (such as partnerships, limited liability companies, cooperatives, S corporations, etc.), data for members of the business entity will be aggregated and released at the business level to the Awarding Agency with this signed release from the business entity. **The signature of a business representative on this Authorization form authorizes the Iowa Department of Revenue to release tax information at the business entity level.**

State tax information authorized for release includes tax information pertinent to the taxpayer for individual income tax, corporate income tax, franchise tax, insurance premiums tax, sales and use tax, withholding tax, moneys and credits tax, and the replacement tax on utilities that is requested by the Awarding Agency in the administration of tax credit programs and other state financial assistance programs.

The undersigned hereby authorizes the Iowa Department of Workforce Development to provide to the Iowa Department of Revenue and to the Awarding Agency the Employment Contribution and Payroll Tax Report (form 65-5300) and Multiple Worksite Report (BLS 3020) and information from these forms for the Employer Identification Number (EIN) number pertinent to the above specified contract or tax credit certificate(s). Iowa Workforce Development may provide the information without providing the report. The confidential unemployment insurance information will be released, pursuant to this authorization only to the **Iowa Department of Economic Development** and/or The Department of Revenue for the purpose of evaluation and administration of tax credit programs and other state financial assistance programs. This Authorization for Release of Confidential Unemployment Insurance information shall be valid for all periods either 1) for a 3-year period following completion of the contract or 2) for a 3-year period following completion of tax credit claims using the above tax credit certificate number(s), whichever is longer.

Name of Taxpayer: _____

Street Address: _____

City, State, Zip _____

Telephone Number: _____

Email Address: _____

Social Security Number (for individuals): _____

Employer Identification Number (for businesses): _____

Unemployment Insurance Number (for businesses): _____

Type of Entity: Individual/Sole Proprietorship Partnership S Corp C Corp

LLC Cooperative Other (specify) _____

Signature of Taxpayer: _____

Title (Required for partnerships and corporations¹): _____

Date signed: _____

¹ Partnerships – Only partners can authorize release of information.
Corporations – Only corporate officers can authorize release of information.
Revised 9/06