

**AUTHORIZATION TO RELEASE TAX INFORMATION TO
OHIO DEVELOPMENT SERVICES AGENCY, JOBSOHIO AND OTHER ORGANIZATIONS**

I, _____, (printed name of taxpayer) hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release my tax records to the Ohio Development Services Agency, JobsOhio, Ohio Venture Capital Authority, Ohio Housing Finance Agency, Ohio Rail Development Commission, Ohio Air Quality Development Authority, Ohio Secretary of State, and Central Ohio Workforce Investment Corporation. These records shall be limited to information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I understand that these records may be used by the above-referenced organizations to ensure my taxpayer compliance with all Ohio tax laws, and to verify the information reported to the above-referenced organizations for various purposes relating to evaluation of potential tax credits, grant awards, or loan issuances. I expressly waive the confidentiality provisions of the Ohio Revised Code which would otherwise prohibit disclosure, and agree to hold the above-referenced organizations harmless with respect to the limited disclosure herein. Except as authorized by this waiver, the above-referenced organizations must maintain the confidentiality of the information received pursuant to O.R.C. 1347.15(H) and/or other governing law with respect to this waiver. Further, the information is not subject to public inspection pursuant to O.R.C. 149.43(A)(1)(v) and shall not otherwise be re-disclosed. For purposes of this waiver, JobsOhio is contractually and statutorily bound to Ohio Development Services Agency confidentiality requirements.

This form may not be altered in any way, and rewritten or altered versions of this form will not be accepted.

I certify under penalties of perjury that I am the taxpayer identified below or an agent authorized to certify on its behalf.

Company Name: _____

Name & Title of Agent (printed): _____

Signature of Authorized Agent: _____

Date: _____ Company Telephone Number: _____

Company Address: _____

REQUIRED INFORMATION: MUST BE COMPLETED

Ohio Employer Withholding Account Number: _____

Federal Employer Identification Number: _____

Social Security Number (if applicant is an individual): _____

OTHER INFORMATION

Ohio Charter Number: _____

Ohio Franchise Tax Identification Number: _____

Commercial Activity Tax Account Number: _____

Ohio Vendor's License Number: _____

Ohio Consumer's Use Tax Account Number: _____

Ohio Direct Pay Permit Number: _____