



Withholding Tax Job Training Program Authorization For Release of Confidential Information

Department Use Only (MM/DD/YY)

Grid for Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number

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I, _____, the undersigned principal, who is an officer authorized to sign for the corporation, or is the owner of the business, identified by Missouri Tax Identification Number as indicated above, and Federal Identification Number _____, do hereby authorize and request the Department of Revenue, State of Missouri, to release the confidential employer withholding tax credit training information as reported to the Department pertaining to the above specified account for all tax periods relating to participation in:

- Input boxes for New Jobs Training Program and Job Retention Training Program.

This authorization shall be effective this date and until all of the costs associated with my Job Training Program have been paid in full.

I, specifically authorize release of such information to the Department of Economic Development, Division of Workforce Development.

I, hereby release the Director of Revenue and Department personnel from any and all liability pursuant to unauthorized disclosures of confidential tax information resulting from release of subject information under Section 32.057, RSMo, or any other applicable confidentiality statute.

Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. If prepared by a person other than the owner, this declaration is based on all information of which he has any knowledge.

I also declare that I have the authority to make this request on behalf of _____ (business name).

Signature and contact information fields: Owner or Officer Signature, Owner or Officer Printed Name, Title, Phone Number, Date.

Mail to: Taxation Division, P.O. Box 3375, Jefferson City, MO 65105-3375

Phone: (573) 751-8750, TTY: (800) 735-2966, Fax: (573) 522-6816, E-mail: withholdingproject@dor.mo.gov

Visit http://dor.mo.gov/business/withhold/ for additional information.

