

# Subcontractor Tax Information Authorization

PROJECT NAME: \_\_\_\_\_

CITY CONTRACT NO. \_\_\_\_\_

**Part A TAXPAYER INFORMATION. Taxpayer(s) must sign and date this form**

<p><b>1. Taxpayer name(s) and address (type or print)</b></p>   	<p><b>Social security number(s)</b></p> <p>_____</p>	<p><b>Employer identification number</b></p>  <p><b>Daytime telephone number</b></p> <p>(    )</p>		
<p><b>2. Appointee name and address</b></p>   	<p><b>Employer Identification number</b></p>  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; padding: 5px;"> <p><b>Telephone number</b></p> <p>(    )</p> </td> <td style="width: 50%; border: none; padding: 5px;"> <p><b>Fax number</b></p> <p>(    )</p> </td> </tr> </table>		<p><b>Telephone number</b></p> <p>(    )</p>	<p><b>Fax number</b></p> <p>(    )</p>
<p><b>Telephone number</b></p> <p>(    )</p>	<p><b>Fax number</b></p> <p>(    )</p>			
<p><b>3.</b> The appointee is authorized to inspect and/or receive confidential tax information with regard to the status current/delinquent of any and all accounts of the taxpayer, in or from the City of Columbus, Income Tax Division from the date of bid submission until the final payment is made by the City on the contract referenced above.</p>				
<p><b>4.</b> Retention/revocation of tax information authorization. If you want to revoke this authorization, send a copy of this executed form with a current date and taxpayer signature. Under the original signature Write <b>“REVOKE”</b> across the top of the form.</p>				

**Part B SIGNATURE OF TAXPAYER(S)**

If a tax matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form.

▶ **IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED**

▶ **DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

<b>Sign Here</b>			
	Signature		Date
	Print Name		Title (if applicable)

	Signature		Date
	Print Name		Title (if applicable)

## **Where to File**

Generally, this form is to be executed and provided to the General Contractor of the named project, who will then submit it to the City of Columbus, Income Tax Division Withholding Compliance Section. It also may be sent or taken directly to the Withholding Compliance Section, 50 West Gay Street, Columbus, Ohio 43215.

## **Revocation of or Withdrawal from an Existing Authorization**

If you want to revoke an existing tax information authorization, send a copy of the executed form to the City of Columbus, Income Tax Division Withholding Compliance Section. The copy of the form must have a current date and signature of the taxpayer under the original date and signature. Write "REVOKE" across the top of the form. If you do not have a copy of the Subcontractor Tax Information Authorization form you want to revoke, send a statement to the Withholding Compliance Section. The statement of revocation must indicate that the authority of the Appointee is revoked and must be signed and dated by the taxpayer or representative. If the Appointee is withdrawing, list the name, EIN, and address of the taxpayer on a copy of the form originally submitted to the Withholding Account Section.

We ask for the information on this form in order to comply with the laws of the City of Columbus, State of Ohio and the federal government. This form is provided by the City of Columbus, Income Tax Division for your convenience and its use is voluntary. If you designate an appointee to inspect and/or receive confidential tax information with regard to the status of any and all City of Columbus income tax accounts you hold, you are required to provide the information requested on this form. If you do not provide all of the information requested, on this form, we may not be able to honor the authorization.