



DISCLOSURE OFFICE MS A181
FRANCHISE TAX BOARD
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One-Time Release of Confidential Tax Information Authorization Form

Use this form to allow a **one-time authorization** for release of confidential tax information. To authorize an individual to represent you, use FTB 3520, *Power of Attorney*. To request a copy of your personal income tax or fiduciary return, use FTB 3516, *Request for Copy of Personal Income Tax or Fiduciary Return*.

Taxpayer Information

Taxpayer name and address (print)	Social security no. or business entity identification no.
	Daytime telephone number () -
	FAX number () -

Individuals Authorized to Receive Confidential Tax Information From FTB.

Individual's name and address (print)	Company name (print)
	Daytime telephone number () -
	FAX number () -

Specific Issues, Tax Years, or Income Periods

Tax periods (required)
Specific tax matter or document (required) (print)

Personal Income Tax: I am the taxpayer named above and by my signature below authorize the one-time release of the above-described confidential information to the person or entity identified above.

 Taxpayer signature

 Date

Corporation: I am a principal officer or authorized agent of the corporation named above and by my signature below authorize the one-time release of the above-described confidential information to the person or entity identified above.

 Signature of officer

 Officer title

 Date