Rev. 1/23

tax.utah.gov

email taxada@utah.gov , or call 801-297-3811 or TDD 801-297-2020. Please allow three working days for a response.	Date reques	t was filled			
If you need an accommodation under the Americans with Disabilities Act,	Office Use Only				
Date Subscribed and Sworn					
X Date subscribed and sworn			•		
Notary public signature X	A driver's license is the preferred identification. Indicate the form of identification and the identification number used for proof.				
	Tax Commission/County Office				
	Date				
Place notary stamp in this space	Authorized ex	aminer signature			
Utah law requires proof of requester's identity for release of private, controlled or protected information. If this form is mailed in, the requester's signature must be notarized below. If this form is presented in person, the requester must present proof of identification to the examiner.					
Signature of requester	Title			Date	
Under penalties of perjury, I declare to the best of my knowledge and belief, this rec	quest, including	accompanying docume	nts, is true,	correct and complete.	
6. The requester is a court-appointed representative. Attach a copy of the court order signed by a judge of the subject.					
5. The requester has a notarized release from the subject of the record or his legal representative dated no more than 90 days before the date the request for records is made. Attach a copy of the notarized release to this form.					
4. The requester has a power of attorney from the subject of the record. Attach a copy of the POA to this form.					
3. The requester is an officer, director, member or general partner of the entity.					
2. The requester is the legal guardian of the subject of the record who is a legally incapacitated individual.					
1. The requester is the parent or legal guardian of the subject of the record and unmarried.	d who is 17 year	s or younger			
If the name on the records differs from the name of the person requesting the following apply:	the records,	mark which of		Office Use Only	
(additional expenses may be incurred if research is required)	ed) \$		received		
Number of records requested at \$6.50 per record				Total amount	
ICN nun				er	
Description of records					
Social security number / account number / employer identification number on record Tax or filing p					
Name of the taxpayer or entity shown on records					
Description of the Records Requested					
the media a special interest group	If you are a member of a special interest group, enter the name of the group				
Check box if you are a member of:	,				
Current mailing address	City State		State	ZIP Code	
Name of person requesting records				Daytime telephone number	
	or questions, ca	ll 801-297-2200 or 1-800)-662-4335	outside Salt Lake area.	