



Local Government Sales Tax Data Request

▶ Person Requesting Access to Data

Name: _____

Title: _____

County, city or town: _____

Telephone: _____ Email: _____

Mailing address: _____

Information being sought:

Monthly sales tax distribution reports through Sales Online Distribution Access (SODA)

Other: _____

How information will be used: _____

Preferred data format (for information other than SODA):

Excel Text SAS file Other: _____

Preferred delivery media (for information other than SODA):

Secure email CD Flash drive Other: _____

I certify that I am an employee of the government entity referenced above. I understand and will comply with all state and federal requirements related to the disclosure and security of taxpayer information which includes, but is not limited to, Section 59-1-403, Title 59, Chapter 12, and Section 63G-2-302 or 63G-2-305.

Signature

Date

▶ Locality Chief Executive

I certify that I am the chief executive officer (or designee) of the county, city or town identified above and that the person identified above is an employee of the county, city or town. I further certify the requested information will be used only for the purposes permitted under state and federal law. The above named entity will notify the Tax Commission upon termination of employment of this person in this position. I understand that it is the responsibility of the local government entity to provide appropriate confidentiality, security and awareness training to employees.

Name (please print)

Title

Signature

Date