

Form OR-AUTH-INFO Instructions

General information

The form is effective on the date signed and is valid until the death of the taxpayer or until revoked by providing written notice to the department.

If a tax matter concerns a year for which a joint return was filed, each taxpayer who wishes to appoint a designee must submit a separate authorization form. If only one taxpayer is designating a designee, only that taxpayer needs to submit a form. When both taxpayers are designating a designee, each must submit a separate form, regardless of whether they are appointing the same designee or different designees.

If you are granting authorization for yourself and your business, two separate forms must be completed.

Part 1—Taxpayer information

To be accepted by the Department of Revenue, your information must match our records. For example, if your address has changed, you must first fill out a change of address form.

Tax matters partners and S corporation shareholders should include the partnership or S corporation name in this box. For additional information, see Oregon Administrative Rules (OAR) 150-305-0170, 150-305-0180, and 150-305-0182. Other corporations must include the name of the corporation, not those of the shareholders.

Part 2—Authorization to receive tax information

You may designate any person, firm, organization, or agency to receive your confidential tax information. Original correspondence will still be mailed to you as required by law. When requested, copies of your information may be provided to your designee.

To designate an entire firm such that any individual employed by that firm is authorized to receive your

information, write the firm's name in the "Designee name" line and leave the "Firm, organization, or agency name" line blank.

To minimize the risk of inadvertent disclosure, the department won't disclose your confidential tax information to a person, firm or other entity unless you have clearly indicated your intention to do so on the form.

Below are examples of descriptions.

Firm, organization, or agency name: Name where authorized person works.

Relationship to taxpayer: Family member, CPA, attorney, etc.

Part 3—Authorization limitations

If you would like to limit the authorization contained in this form to specific tax programs or tax years, list those limitations in this part.

Part 4—Revocation of prior authorizations

If you wish to revoke previous authorizations to receive confidential tax information, initial this area. Part 1 must also be filled out to complete the revocation.

Part 5—Taxpayer declaration and signature

This form must be signed and dated by you.

Do you have questions or need help?

www.oregon.gov/dor
503-378-4988 or 800-356-4222
questions.dor@dor.oregon.gov

Contact us for ADA accommodations or assistance in other languages.