



ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION
AUTHORIZATION FOR RELEASE OF ACCOUNT REGISTRATION NUMBERS

Enter the federal employer identification number (FEIN) of the company requesting account information. If the business is a Sole Proprietorship, enter the social security number (SSN) of the owner, in addition to the FEIN of the business.

Federal Identification Number (FEIN): _____ - _____		OR	Social Security Number (SSN): (Sole Proprietor Only) _____ - _____	
Entity Name: (Enter full legal name of business. Sole Proprietor enter first name, middle name, and last name.)				
DBA: (Enter full Doing Business As Name, if applicable.)				
Address		City	State	Zip

Requested Tax Identification Number:

- ☐ Corporate Income Tax
- ☐ Partnership Income Tax
- ☐ Individual Income Tax
- ☐ Withholding Tax
- ☐ Sales and Use Tax

AUTHORIZATION FOR RELEASE

The taxpayer indicated above hereby authorizes the Arkansas Department of Finance and Administration to release selected account registration numbers to the following:

Name:				
Address		City	State	Zip
Phone		Email		

Print Name and Title of Owner, President, etc.

Signature of Owner, President, etc.

Send the completed form to:

Department of Finance and Administration, Tax Credits/Special Refunds Section, P. O. Box 8054 Little Rock, AR 72203 or to TaxCredits@dfa.arkansas.gov.

Subscribed and sworn before me this _____ day of _____, 20 ____.

Notary Public _____