AUTHORIZATION TO RELEASE TAX INFORMATION
OHIO DEVELOPMENT SERVICES AGENCY AND JOBSOHIO

I, _____, (printed name of taxpayer) hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release my tax records to the Ohio Development Services Agency (ODSA) and/or JobsOhio. I understand that these records may be used by the ODSA and/or JobsOhio to ensure my taxpayer compliance with all tax laws and to verify the information reported to the ODSA and/or JobsOhio for various purposes relating to evaluation of potential tax credits, grant awards, or loan issuances. Except as authorized by this waiver, the ODSA and/or JobsOhio must maintain the confidentiality of the information received pursuant to O.R.C. 1347.15(H) with respect to this waiver.

I certify under penalties of perjury that I am the taxpayer identified below or an agent authorized to certify on its behalf.

Company Name:_____

Name and Title of Authorized Agent (printed):_____

Signature of Authorized Agent:_____

Date:_____

Company Address:_____
_____
_____

Company Telephone Number:_____

Social Security Number (if an individual): _____

Federal Employer Identification Number: _____

Ohio Charter Number: _____

Ohio Franchise Tax Identification Number: _____

Commercial Activity Tax Account Number: _____

Ohio Employer Withholding Account Number: _____

Ohio Vendor's License Number: _____

Ohio Consumer's Use Tax Account Number: _____

Ohio Direct Pay Permit Number: _____