

CITY OF GALLIPOLIS, OH TAX DEPARTMENT

CONFIDENTIALITY DOCUMENT

The purpose of this document is to give the Gallipolis City Tax Department permission to discuss all tax information with the taxpayer's tax preparer or other designated person.

By signing this document and naming the designated person, you are giving the Gallipolis City Tax Department permission to disclose personal information regarding your income and tax to the designated person. To remove that person from receiving information, a written request from the taxpayer must be sent to the Gallipolis City Tax Department. If the information to be made available to the designated person is to be limited, a written request stating the limitations must be included with this document.

ACCOUNTANT OR DESIGNATED PERSON (type or print)

TAXPAYER NAME (type or print)

Federal Identification Number

TAXPAYER'S SIGNATURE

WITNESS

DATE

DATE