



**WAIVER OF CONFIDENTIALITY PROVISIONS
RELATING TO WISCONSIN TAX RETURN INFORMATION**

Date: _____
(This waiver will expire 6 months after the date entered above.)

Wisconsin Department of Revenue – Custodian of Files:

I hereby authorize the Wisconsin Department of Revenue to furnish _____, (name)

a member of the Wisconsin State Senate or Assembly

a member of the United States Congress,

and his/her staff acting on the Legislator's behalf, information from or pertaining to my

(Specify type of tax, for example: income, corporation/franchise or sales, and years. If related to the taxpayer's business, please state the business name)

tax return for the year(s) _____.

Name of Taxpayer*	Social Security Number or WTN
Name of Spouse*	Social Security Number or WTN
Address	
Signature of Taxpayer*	Title (if corporate officer)
Signature of Spouse*	

* If the information to be released is from a joint return, both spouses names, social security numbers and signatures must be included.