MARK E. NUNNELLY
COMMISSIONER

The Commonwealth of Massachusetts
Department of Revenue
Problem Resolution Office

PO Box 9552
Boston, MA 02114-9552

Authorization for Release of Information

Pursuant to M.G.L. c.62C, sec. 21, c.119A, sec. 5 and 42 U.S.C. sec. 654, subsec. 26 I authorize the Department of Revenue (DOR) to release and disclose information about my tax and/or child support case(s) to:

Name _____ Telephone _____

Check one:

☐ Name of state Senator or Representative: _____

☐ Name of U.S. Senator or Congressman: _____

☐ Other. Name: _____

Constituent information

First name _____ Middle name _____ Last name _____ Social Security number _____

Address _____ City/Town _____ State _____ Zip _____

Home telephone _____ Work phone _____ Cell phone _____

I understand that by signing this form I am authorizing DOR to share with the person indicated above any and all information about any and all of my tax and/or child support cases that DOR would share with me.

Signature _____ Date _____

This authorization for release of information will be valid for six months from the date you sign this form.

Type of issue

☐ Tax issue

☐ Child support issue. Other parent's name: _____

Briefly describe your concerns or issue: _____

Fax completed form to 617-626-3799.