DELAWARE FORM 8821DE

Authorization to Release Tax Information

Completion and submission of this form authorizes the Delaware Division of Revenue to release confidential information of the Taxpayer(s) named below to the authorized person(s) or organization named below for the tax type(s) specified below. This form does not give Power of Attorney and does not grant the authorized person(s) or organization any powers of representation. Unauthorized disclosure of tax information is a criminal offense.

Read the instructions below before completing this form.

Print or Type

Your name or name of entity

Social Security or Federal Employer ID number

Spouse's name, if joint (or corporate officer, partner or fiduciary if a business)

Spouse's Social Security number (if a joint return)

Street address

City State ZIP Code -

I authorize the following person or organization to inspect and/or receive private and non-public information in regard to the tax types and periods provided below.

Authorized Person or Organization

Name of person or organization to receive tax information

Name of firm (if applicable)

Street address

City State ZIP Code -

Phone Number Fax Number

The above person or organization is authorized to receive the following tax information *(check all that apply)*:

Tax Information

Type of Tax	Year(s) or Period(s)			
☐ Individual Income	from	MM DD YY	to	MM DD YY
☐ Corporate Income	from	MM DD YY	to	MM DD YY
☐ Pass-through Return	from	MM DD YY	to	MM DD YY
☐ Gross Receipts	from	MM DD YY	to	MM DD YY
☐ Withholding	from	MM DD YY	to	MM DD YY
☐ Other (*please specify*): _____	from	MM DD YY	to	MM DD YY

The authorization to release tax information is not valid until it is signed and dated. It will expire 60 days after the information is released. By signing this form, I hereby certify that the Delaware Division of Revenue is authorized to release any and all confidential information concerning the above mentioned release any and all confidential information concerning the above mentioned Taxpayer under penalty of law. A copy of this form will be mailed to the individual(s) authorizing the release.

Sign Here

Your Signature	Date	Spouse's Signature (if joint)	Date
	MM DD YY		MM DD YY
Print Name		Print Spouse's Name (if joint)	
Print Title (if applicable)		Phone	
Phone			

Mail to: Delaware Division of Revenue, 820 North French Street, Wilmington, DE 19801

Form 8821DE Instructions

Purpose of this form

You must complete, sign and return this form if you want to authorize a person ororganization to inspect and/or receive certain private or nonpublic information concerning your state taxes. By completing and signing this form, you are authorizing the Division of Revenueto release tax information to the person or organization you have indicated. Revenue *will* accept copies of the form,including those from a FAX machine. This authorization will expire 60 days after the information is released to the person or organization you have indicated.

Your Signature

The authorization to release tax information is not valid until it is signed and dated. Your spouse must also sign if joint returns are listed.Your signature at the bottom of this form authorizes the individual or organization you designate to only be able to inspect and/or receive confidential tax information on your behalf.

Questions?

If you have questions on how to complete this form or to fax this form, call (302) 577-8200 for a staff contact who will provide you with a fax number. You must include a Division of Revenue contact name on all faxed authorization forms.