Arizona Form 285

General Disclosure/Representation Authorization Form

	You mu	st sign th	nis form on pag	e 2				
1. TAXPAYER INFORMATION	Enter only those that apply:							
Taxpayer Name					Social Security Num			
Spouse's Name (if applicable)	Spouse's Social Security Number or ITIN							
Current Address - number and	street, rural route	Apartment/Suite No.		Employer Identificat	ion Number			
City, Town or Post Office	State ZIP Cod	Daytime Phone (with area code)		AZ Transaction Privilege Tax License No.				
2. APPOINTEE INFORMATION	N (Must sign if any checkboxes in	Sections 4 or	5 below are selected)	Enter one o	the following identif	ication numbers:		
Name (must be an individual)	(Mast sign if any checkboxes if		nter one of the following identification numbers: cate and State Bar Number					
,				1				
Current Address - number and	street, rural route		Apartment/Suite No.	State and C	Certified Public Accountant Number			
City, Town or Post Office		State	State ZIP Code Internal Revenue Service Enrolled A		ed Agent Number			
Daytime Phone (with area code	·)		Social Security, ITIN, or Other ID No.		No. Type			
the Department to release	ointee is authorized to receive confidential information of the To grant additional powers, pl	taxpayer(s) n	amed above to the ap	pointee nam	ned above for the tax	type and tax year(s)/		
TAX TYPE	TAX TYPE YEAR(S) OR PERIOD(S) TYPE OF RET					N/OWNERSHIP		
☐ Income Tax		☐ Individual ☐ Corporati		on	-			
		Partnersh			-Estate/Trust			
☐ Transaction Privilege and Use Tax	··· -		· · · · · · · · · · · · · · · · · · ·		rtnership			
☐ Withholding Tax								
Other (e.g., Luxury Tax):	Other (e.g., Luxury Tax): Specify type of return(s)/ownership:							
check the boxes according checkboxes in Sections 4 of the chec	e the power to request a formate the power to represent the tate the power to execute a closing the power to represent the tate the authority to delegate to o	n must be in a MUST sign of MUST sign of flimitations we a protest of	accordance with Arizo on Page 2, Section 9. raiver on Taxpayer's be a deficiency assess Taxpayer's behalf. r administrative tax pro to on Taxpayer's behalf. r collection matter includall authority granted to expayer grants the above-mentioned tax matter th 4h. The use of a F	ehalf. ment or a ceeding. uding an Offe appointee by e-named apps and tax yes	denied refund clair er-In-Compromise. y this document. pointee a Power of A	e instructions. If any m or to execute an ttorney to perform any his Power of Attorney		
	RLIER AUTHORIZATION(S): The revocation will be effective.							

ADOR 10952 (9/22) Continued on Page 2 →

of Revenue except those specified (please specify):

Та	xpayer Name (as shown on page 1)			Taxpayer Identification Number		
7.	corporations having control taxpayer may be disclosed to a design corporation may execute a written aut designate a person to receive confidenti of each controlled subsidiary that the pa or taxpayer may complete the following exclude specific controlled subsidiaries	nee of the taxpaye horization for a co al information rega rent company want to include all cont	er who is authorized in writing by the ontrolled subsidiary. A principal corporating the corporation's controlled subsite included in the disclosure authorization trolled subsidiaries in the disclosure a	taxpayer. A principal corporate officer of a parent corpor diaries must either attach a list on (a federal Form 851 may be upon 651 may be upon 651 may be upon 652 may be upon 653 may be upo	te officer of a parent ration that desires to containing the names used for this purpose)	
	Please check one of the following:					
		A controlled subsid	liary, for purposes of A.R.S. §42-2003,	is defined as more than 50% or	wnership or control.	
	Include all controlled subsidiaries e	xcent the subsidia	ries named below. The following contr	olled subsidiaries are specifica	ally excluded.	
		ME	EMPLOYER I.D. NO			
	7a			5.	ioi years)	
	7b			_		
	7c			_		
	7d			-		
	7e			_		
	7f					
	R.S. §42-2003(A), to execute this authorization form on behalf of the Taxpayer(s). I understand that to knowingly prepare or present a docume ich is fraudulent or false is a Class 5 felony pursuant to A.R.S. §42-1127(B)(2). By checking this box and signing below I certify under penalty of perjury that I am an officer of the above mentioned corporation(s) and the I am a principal officer, as defined in A.R.S. §42-2003(A)(2). SIGNATURE DATE SIGNATURE DATE					
	SIGNATURE	DA	TE SIGNATURE		DATE	
	PRINT NAME		PRINT NAME			
	TITLE	TITI E				
9.	DECLARATION OF APPOINTEE: Com	plete if Appointee	has been given authority under Sectior	n 4 or Section 5 or is otherwise a	authorized to practice	
	law as defined in Rule 31(a) of the Arizo	na Rules of the Su	ipreme Court.			
	 Under penalties of perjury, I declare tha 9a A full-time officer, partner, member of the Arizona Rules of the Supreme C 9b Attorney - an active member of the 9c Certified Public Accountant - duly qu 9d Federally Authorized Tax Practitione authorized tax practitioner, provide 	or manager of a lim Court. State Bar of Arizon ualified to practice a er within the meanin	aited liability company, or employee if the a. as a Certified Public Accountant in Arizing of A.R.S. §42-2069(D)(1). If Appoin	zona.		
	PRACTITIONER'S NAME 9e Other - This may be any individual,	providing the total	CAF NUMBER amount in dispute, including tax, penal		5,000.00.	
	If this Declaration of Appointe	_				
	DESIGNATION Check one box for each Appointee:	JURISDICTION (State)	SIGNATUI	DE .	DATE	
		(Giale)	SIGNATUI	NL.	DATE	
	9a					
	9a					
	9a					
	☐9a ☐9b ☐9c ☐9d ☐9e					