



**STATE OF MAINE**  
MAINE REVENUE SERVICES  
24 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0024

## LIMITED WAIVER OF CONFIDENTIALITY

Please read, fill out, and sign this form if you wish to authorize Maine Revenue Services to provide your confidential tax information to an agency of the U.S. Government for the limited purpose of providing that agency with a State of Maine “tax clearance” as part of your application for employment. Your tax information on file with Maine Revenue Services (MRS), including all tax returns, filings, and payments made by you is confidential by law. This form allows MRS to discuss your tax record information with a representative of the federal agency named below.

- I understand that my tax records are confidential under State law.
- I authorize MRS to discuss information in my tax records with the U.S. Government agency named below.

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### Federal Agency Information

Name of Agent (print): \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address of Agency: \_\_\_\_\_

Phone Number of Agent: \_\_\_\_\_

### Taxpayer Information

Name of Taxpayer (print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Taxpayer Signature, Title

Date

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NOTICE: This form does NOT revoke any power of attorney forms on file with MRS.

Revised 12/14