1	authorize and
I, request the Missouri Department of Revenue to release confidential individual income tax Inform	, authorize and ation to
Dept. of Public Safety/MO Veterans Commission (name of agency	or department).
I understand the release of this information is to ensure I am in compliance with the individual incepaying requirements as described in Section 105.262, RSMo. I further agree that this authorization mediately upon my signature. If I am employed by the State of Missouri, this authorization will leave employment from the State of Missouri.	ion will be effective
My social security number is:	
The Director of Revenue and Department personnel, are hereby released from any and all liabilit unauthorized disclosures of confidential tax information resulting from release of information under RSMo, or any other applicable confidentiality statute.	- •
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Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief it is true, correct, and complete.	
KSNATURE	DATE
This form is to be retained by the Agency. Do not send to the Department of Revenue.	