

**TAX INFORMATION DISCLOSURE AUTHORIZATION**

As part of this Application,

\_\_\_\_\_ **(the Applicant) hereby irrevocably authorizes** the Tax Commissioner of the Ohio Department of Taxation or any agent designated by the Tax Commissioner of the Ohio Department of Taxation from one year from the date below to disclose to the Director of the Ohio Rail Development Commission or any designated employee of the Director the amounts of any or all outstanding liabilities for corporation franchise tax, individual income tax, employer withholding tax, sales tax, use tax or excise tax which are currently unpaid and certified to the Attorney General of the State of Ohio for collection.

The Applicant expressly waives notice of the disclosure(s) to the Ohio Rail Development Commission by either the Tax Commissioner of the Ohio Department of Taxation or by any agent designated by the Tax Commissioner of the Ohio Department of Taxation. The Applicant expressly waives the confidentiality provisions of the Ohio law which would otherwise prohibit disclosure and agrees to hold the Department of Taxation and its employees harmless with respect to the limited disclosure authorized herein.

This authorization is to be liberally interpreted and construed; any ambiguity shall be resolved in favor of the Tax Commissioner or the Ohio Department of Taxation.

This authorization is binding on any and all heirs, beneficiaries, survivors, assigns, Executors, administrators, successors, receivers, trustees, or other fiduciaries.

A photocopy of this authorization is as valid as the original.

<b>Applicant Full Legal Name and Address</b>	
<b>Names and Addresses of any Affiliates (If necessary, attach a separate form for each affiliate listing each of the numbers set forth below.)</b>	
<b>Federal Tax Identification Number</b>	
<b>State Issue Tax Identification Number(s)</b>	
<b>Ohio Charter Number</b>	
<b>Ohio Commercial Activity Tax I.D. Number</b>	
<b>Vendor's License Number</b>	
<b>Consumer's Use Tax Account Number</b>	
<b>Direct Pay Permit Number</b>	
<b>Seller's Use Tax Account Number</b>	
<b>Service, Transient, Delivery, or Master Vendor's License Number</b>	
<b>Social Security Number (if individual)</b>	

**CERTIFICATION/SIGNATURES**

As an authorized agent of the Applicant, I hereby submit this Application. I understand that any false statement in this record may subject the Applicant Company and Signer to criminal prosecution. I understand that additional information may be requested. I also understand that this document in no way constitutes a commitment of funds by the State of Ohio for any of its programs.

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Applicant Signature                      Typed Name                      Title                      Date