DEPARTMENT OF REVENUE

# Form REV185b, Authorization to Release Business Tax Information

**Read instructions before completing this form.**

## Business Taxpayer Information

| Business Taxpayer Name | | | Minnesota or Federal Employer Identification Number (FEIN) |
|---|---|---|---|
| Street Address or PO Box | | | Phone Number / Fax Number |
| Apt. or Suite | | | **For combined business returns:** Filing entity name *(if different)* |
| City | State | ZIP Code | Filing entity FEIN/TIN |

## Recipient

| Name of Person to Receive Return Information | | | Attorney Number, Accountant Number, or PTIN |
|---|---|---|---|
| City of Ramsey | | | |
| Street Address or PO Box | | | Phone Number |
| 7550 Sunwood Dr NW | | | 763-427-1410 |
| Apt. or Suite | | | Fax Number |
| City | State | ZIP Code | Email Address |
| Ramsey | MN | 55303 | wschlueter@cityoframsey.com |

## Type of Information

**The person above is authorized to receive and inspect nonpublic data about the business for the following:**

| **Type of Tax** *(Such as Business Income, Sales, Withholding)* **or Debt Issue** | **Tax Form Name or Number** *(If applicable)* | **Extended Expiration Date** |
|---|---|---|
| Sales tax and debt liabilities | | / / |
| | | / / |
| | | / / |

## Signature

**This authorization is not valid until it is signed and dated by someone with legal authority to sign agreements on behalf of the business taxpayer.**
*I certify that I have the legal authority to sign this form.*

| Signature | Date | Address, If Different from Taxpayer | | |
|---|---|---|---|---|
| | / / | | | |
| Print Name and Title | Phone Number | City | State | ZIP Code |
| | | | | |

Send a signed copy of this form to the department:
Mail: Minnesota Department of Revenue, Mail Station 7703, 600 Robert Street North, St. Paul, MN 55146
Fax: 651-556-5210
Email: MNDOR.POA@state.mn.us

## Form REV185b Instructions

### Purpose of This Form

By signing this form, you authorize the Minnesota Department of Revenue to release nonpublic data to the person above.

An authorized recipient may inspect or receive nonpublic data, but may not act on your behalf. To grant additional authority, complete Form REV184b, *Business Power of Attorney*.

### Individuals

To authorize the department to release private data about an individual, complete Form REV185i, *Authorization to Release Individual Tax Information*.

### Your Signature

Owners or officers: Sign, date, print your name and title, and enter your contact information.

We reserve the right to request additional information as needed.

### Expiration

This authorization expires once the data is released. To extend the amount of time this authorization is valid for, indicate when you want it to expire in the Tax Type or Issue section of this form.

### Questions?

Website: www.revenue.state.mn.us
Email: MNDOR.POA@state.mn.us
Phone: 651-556-3003 or 1-800-657-3909