

MAINE REVENUE SERVICES
Authorization to Review and Disclose
Status of Tax and Filing Obligations to a
Federal Agency



Taxpayer Name:	Phone #:	SSN:
Alternate Name You May Have Filed Under:	Present Address:	
Federal Agency to Receive Status:	Name and Title of Federal Agency Representative:	
Address of Federal Agency:	Phone # of Federal Agency Representative:	

You may attach a sheet of paper to this form if you need additional space to respond to the questions below.

1. Do you have any State of Maine tax liability that is presently due or owing? No Yes
 If **YES**, please explain: _____

2. During the past 7 years, were you required to file any State of Maine tax return(s) other than income tax? No Yes

If **YES**, please list: Tax Type: _____ Tax Type: _____ Tax Type: _____
 Account No.: _____ Account No.: _____ Account No.: _____

3. Have you filed State of Maine income tax returns, and returns for each of the tax types listed above, for each of the past 7 years? No Yes

If **NO**, please list the tax type, year(s), and explain why the return(s) was not filed (for example because you were not in business, or because you lived outside of Maine and were not required to file):

Tax Type: _____ Year(s): _____ Reason for Not Filing: _____
 Tax Type: _____ Year(s): _____ Reason for Not Filing: _____
 Tax Type: _____ Year(s): _____ Reason for Not Filing: _____

Note: Any question not answered completely and correctly will delay the review process.

I understand that my taxpayer information is confidential under 36 M.R.S. § 191. By signing this form, I authorize Maine Revenue Services to review my confidential information and disclose the status of my Maine tax and filing obligations directly to the Federal agency listed above, pursuant to 36 M.R.S. § 191(2)(A). The disclosure will be limited to whether any Maine tax liability is presently due or owing and whether it appears, based on my responses in this authorization and a limited review of my confidential information by Maine Revenue Services, that I have filed all required Maine tax returns during the past 7 years.

Taxpayer's signature: _____ Date: _____

MRS – Office Use Only

Status: Current Not Current

If Not Current, reason: _____

MRS Reviewer: _____ Date: _____

F107 Note: