

**WAIVER OF CONFIDENTIALITY PROVISIONS  
RELATING TO WISCONSIN TAX RETURN INFORMATION**

DATE: \_\_\_\_\_

(This waiver will expire 6 months after the date entered above.)

Wisconsin Department of Revenue – Custodian of Files:

I hereby authorize the Wisconsin Department of Revenue to furnish \_\_\_\_\_,   
 (name)

a member of the Wisconsin State Senate or Assembly, information from or pertaining to my

\_\_\_\_\_  
(specify type of tax, for example: income, corporation/franchise or sales)

tax return for the year(s) \_\_\_\_\_.

Name of Taxpayer*	Social Security Number
Name of Spouse*	Social Security Number
Address	
Signature of Taxpayer*	Title (if corporate officer)
Signature of Spouse*	

\* If the information to be released is from a joint return, both spouses names, social security numbers and signatures must be included.