



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 <i>(if different)</i>		
	City	State	ZIP Code	Filing entity FEIN/TIN		

Recipient	Name of Person to Receive Return Information Yellow Medicine County			Attorney Number, Accountant Number, or PTIN		
	Street Address or PO Box 180 8th Ave			Phone Number 320-564-5841		
	Apt. or Suite			Fax Number 320-564-0927		
	City Granite Falls	State MN	ZIP Code 56241	Email Address YMC.CARESQUESTIONS@co.ym.mn.gov		

Type of Information	The person above is authorized to receive and inspect nonpublic data about the business for the following:					
	Type of Tax <i>(Such as Business Income, Sales, Withholding) or Debt Issue</i>			Tax Form Name or Number <i>(If applicable)</i>		Extended Expiration Date
	* See below			N/A		N/A

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>I certify that I have the legal authority to sign this form.</i>					
	Signature			Date — —		Address, If Different from Taxpayer
	Print Name and Title			Phone Number	City	State

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

***Whether the taxpayer listed above has received a business relief payment check and the corresponding dollar amount of such payment as a recipient of the Minnesota Department of Revenue Business Relief Payments as authorized by 2020 Sess. Laws, 7th Spec. Sess. ch. 2 art. 1 § 1.**

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