

WFTC - Confidential Tax Information Authorization

Use this form to authorize the Department of Revenue to do the following for your Working Families Tax Credit Account:

- **Send confidential tax information to your email** or by (unsecure) fax, and/or
- Share your confidential tax information with a third party.

1 My information (This information will not be used to update your record.)*

Applicant: _____ Account number: _____
Mailing address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____ Fax: _____

*To update your record, go to workingfamiliescredit.wa.gov and log in to your My DOR account.

2 Which authorization do you need? (Select A, B, or both)

A. Send my confidential tax information by email or fax.

I am aware of the department's secure message system described on page 3. I know regular email and fax are not as secure, and confidential information may be intercepted by unauthorized persons. I accept these conditions and waive any violation of confidentiality resulting from use of unsecured email or fax. (RCW 82.32.330)

B. Share my confidential tax information with the individuals/company listed below.

If you are not authorizing a third party, skip this section. If you are authorizing an entire company or a Legislator's office, add the words "and staff." If authorizing specific people, add additional name(s) in the Authorized names/email section.

Individual or company name: _____
Mailing address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____ Fax: _____

Check the appropriate box below:

- Any information for **any** application period.
- Any information for **these** application periods:
Year: _____ to Year: _____
- Only listed information for this application period.
Year: _____
- Information to be shared:

Authorized names and emails:

3 Signature

I declare, under penalty of perjury, that I am authorized to sign this form as the applicant for the Working Families Tax Credit, or I have attached documentation (for example: power of attorney) that grants me the authority to sign.

Applicant signature: Date:

Print name: _____ City and state where signed: _____

This authorization remains in effect until revoked in writing by either party. Keep a copy for your files. To revoke this authorization, write "Revoke" across the front of this form and return it to the department as indicated in the next section.

What to do next

ATTN (if you are working with a Revenue employee, write their name here):

Submit this form by fax, email, or mail:

Fax: 360-763-7102
Email: DORWFTC@dor.wa.gov
Mail: Dept. of Revenue
Working Families Tax Credit
PO Box 47468
Olympia, WA 98504-7468

Instructions

Confidential tax information by email, fax, or to a third party

Tax information is confidential and cannot be shared with anyone without express permission.

By completing this form, you are authorizing the department to:

- Send confidential tax information to your email or by fax (Section A), and/or
- Share your confidential tax information with a third party that you indicate (Section B).

This request may cover all confidential tax information or it may be limited to certain information and/or reporting periods. In section B, please describe the specific information you want the department to share and the periods covered by this authorization.

Secure messaging through My DOR

Applicants that have a SAW user ID and password can log into My DOR and access secure messaging.

Applicants that don't have a SAW User ID and password can learn how to create one at workingfamiliescredit.wa.gov/get-help.

After you log in, you can click "Send a message", enter in a subject, message, and attach your completed CTIA form.

ATTN: (If you are working with a Revenue employee)

If you are working with a Revenue employee, write the employee's name on the ATTN: line on the bottom of page 2 of this form and submit the form using one of the ways below.

Submit this form by fax, email, or mail:

- Fax:** 360-763-7102
- Email:** DORWFTC@dor.wa.gov
- Mail:** Dept. of Revenue
Working Families Tax Credit
PO Box 47468
Olympia, WA 98504-7468

Questions?

Call the department at 360-763-7300.