



AFFIDAVIT FOR CALIFORNIA INCOME TAX RETURN INFORMATION

Please see instructions on side 2.

1. Taxpayer information

Taxpayer's Name or Corporation's Name		Social Security or Corporation ID Number		Tax Year
Street Address		City	State	ZIP

2. Associated business entities

FTB USE ONLY

Business Entity	Address	DLN	Gross Receipt

3. Information requested from return

Information Requested	Justification	Tax Year

Note: We will provide only "gross receipt" information unless you request other information in section 3, and complete the declaration in section 4.

4. Declaration

I, _____ (NAME) declare that I am _____ (TITLE) for _____ (CITY, COUNTY). The information requested under Revenue and Taxation Code Section 19551 relates to my current investigation of the tax specified in Chapter _____ of the _____ (CITY, COUNTY ORDINANCE). I will only use the information in the ordinary performance of my

official duties as an administrator of the city and county ordinance section specified above. I will provide the affected taxpayer with a copy of this affidavit, and upon request, I will make the information obtained available to the taxpayer.

I declare, under penalty of perjury, that the foregoing is true and correct.

Signature of Requester	Date executed	Location	Telephone () -
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Attention: _____

Mailing Address	City	State	ZIP
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NOTICE

The requested document and all attachments are confidential. Any disclosure or use of any information for purposes not authorized by law is illegal and will subject the person or agency making the disclosure to criminal prosecution.

Instructions for Completing This Affidavit

1. Taxpayer information

Identify the taxpayer for which you are requesting the income tax return information. Include the following:

- The name and address of the taxpayer or business entity.
- The taxpayer's social security number or business entity identification number, (for example, California corporation number, Secretary of State number, or FEIN).
- The tax year.

2. Associated business entities

Provide the following information for all associated business entities:

- The name of the business.
- The address of the business.

3. Information requested from return

Complete this section to request information other than gross receipts or to add tax years. **You must justify your use of this information by stating in detail how you will use it.**

4. Declaration

California Revenue and Taxation Code 19551 requires that you complete and sign this affidavit before we can process your request. Please include a phone number where we can reach you if we need additional information.

For Assistance

If you have questions or need additional information, please call: 916.845.5375, Monday through Friday, between the hours of 8:00 a.m. and 5:00 p.m.

Mail the affidavit to us at:

STATE OF CALIFORNIA
DATA STORAGE
FRANCHISE TAX BOARD
PO BOX 1570
RANCHO CORDOVA CA 95741-1570

or Fax to: 916.845.4422 ATTN: Data Storage
