



DELAWARE

DIVISION OF REVENUE

ATH-RTF

AUTHORIZATION TO RELEASE TAX INFORMATION FORMERLY 8821DE



Read Instructions before completing the form.

Completion and submission of this form authorizes the Delaware Division of Revenue to release confidential information of the Taxpayer(s) named below to the authorized person(s) or organization named below for the tax type(s) specified below. This form does not give Power of Attorney and does not grant the authorized person(s) or organization any powers of representation. Unauthorized disclosure of tax information is a criminal offense.

Your Name Or Name Of Entity

Spouse's Name (if joint or corporate officer, partner or fiduciary if a business)

Street Address

City

State

Zip Code

Your Taxpayer ID

Spouse Taxpayer ID (if a joint return)

I authorize the following person or organization to inspect and/or receive private and non-public information in regard to the tax types and periods provided below.

AUTHORIZED PERSON OR ORGANIZATION



Name of person or organization to receive tax information

Name of firm (if applicable)

Street Address

City

State

Zip Code

Phone Number

Fax Number

The above person or organization is authorized to receive the following tax information (check all that apply):

TAX INFORMATION



TAX TYPE

YEAR(S) OR PERIOD(S)

☐ Individual Income	From		To	
☐ Corporate Income	From		To	
☐ Pass-through Return	From		To	
☐ Gross Receipts	From		To	
☐ Withholding	From		To	
☐ Marijuana	From		To	
☐ Other (please specify):	From		To	

The authorization to release tax information is not valid until it is signed and dated. It will expire 60 days after the information is released. By signing this form, I hereby certify that the Delaware Division of Revenue is authorized to release any and all confidential information concerning the above-mentioned Taxpayer under penalty of law. A copy of this form will be mailed to the individual(s) authorizing the release.

YOUR SIGNATURE

DATE

SPOUSE SIGNATURE

DATE

PRINT NAME

PRINT NAME

PRINT TITLE (if applicable)

PHONE NUMBER

PHONE NUMBER

MAIL COMPLETED FORM TO:

Delaware Division of Revenue
820 North French Street
Wilmington, DE 19801

Form ATH-RTF Instructions

Purpose of this form

You must complete, sign and return this form if you want to authorize a person or organization to inspect and/or receive certain private or nonpublic information concerning your state taxes. By completing and signing this form, you are authorizing the Division of Revenue to release tax information to the person or organization you have indicated. Revenue will accept copies of the form, including those from a FAX machine. This authorization will expire 60 days after the information is released to the person or organization you have indicated.

Your Signature

The authorization to release tax information is not valid until it is signed and dated. Your spouse must also sign if joint returns are listed. Your signature at the bottom of this form authorizes the individual or organization you designate to only be able to inspect and/or receive confidential tax information on your behalf.

Questions?

If you have questions on how to complete this form or to fax this form, call (302) 577-8200 for a staff contact who will provide you with a fax number. You must include a Division of Revenue contact name on all faxed authorization forms.