
Colorado Division of Gaming
AUTHORIZATION FOR DISCLOSURE
FOR INTERNAL REVENUE SERVICE

Printed Full Legal Name (Last, First, Middle)	
Social Security Number	Home Phone Number
Street Address (Street, City, State, Zip)	
Mailing Address (if different from Street Address)	
Name and Social Security Number of Person(s) You Have Filed a Joint Tax Return Within Past 5 Years	
Type of Return	Form 1040, Individual Income Tax
Taxable Periods	2014, 2015, 2016, 2017 and 2018
<i>I authorize the Internal Revenue Service to disclose tax return information (including, but not limited to, fact of filing, fact of payment, terms of installment agreement) regarding the above returns to the Division of Gaming, Colorado Department of Revenue.</i>	
Signature	
Date	

RENEWAL

For Division of Gaming Use Only

Date: _____
Initials: _____
Fax Time: _____
Reply Received: _____
Mail In: _____