

STATE OF MAINE
Tax Clearance for Governor Appointive Position

To State Tax Assessor: To assist in the evaluation of my qualifications to serve in an appointive position in Maine State Government, I hereby authorize the State Tax Assessor to release a summary of my Maine tax standing to the Commissioner of Finance or the Commissioner's Authorized Representative. The summary of tax standing will be through the date of this agreement and limited to information concerning the proper filing of State tax returns and the satisfaction of any State tax liabilities. A copy of the report is to be provided to the authorized representative and myself. This authorization of a representative pursuant to 36 M.R.S.A. §191, subsection 2, paragraph A, is limited only to that information contained in the summary of tax standing and does not extend to a further review of the records on file with the Bureau of Maine Revenue Services.

It is understood that any specific information provided in the summary of tax standing is to be treated in a confidential manner as required by 36 M.R.S.A. §191. Please enter information to the right of each line. Use the next line if necessary.

Taxpayer Name:

Phone #:

Social Security #:

Date of Birth:

Taxpayer Current Address:

Alternate name you may have filed under:

1. Do you have any State of Maine tax liability that is currently outstanding Yes or No?
If **YES**, please explain:

2. Are you required to file any Maine State return(s) other than individual income tax Yes or No?
If **YES**, please list tax type and account #:

3. Have you filed a Maine State Income Tax Return every year for the past 7 years Yes or No?
If **NO**, please list the year(s) and explain why the return(s) was not filed:

4. Are there any Maine State tax returns that have not been filed because you lived outside of the State of Maine Yes or No?
If **YES**, what years, and what date did you return to Maine?

Taxpayer's signature: _____ Date: _____

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Clearance Granted: q Yes q No If No, reason: _____

MRS Clearance Officer: _____ Date: _____

Tracer needed: q Yes q No F107 Note: q