

MAINE REVENUE SERVICES
Authorization to Review and Disclose
Status of Tax and Filing Obligations to the
Maine Office of Marijuana Policy - OWNERS



This form is for use by an owner of an adult use marijuana establishment who is a Maine resident. For purposes of this form, an "owner" means any person who owns a share, membership interest, partnership interest, or other equity ownership interest in an adult use marijuana establishment. If you are both a Maine owner and a principal, please use the authorization form for Principals.

Owner Name:	Phone #:	FEIN/SSN:
Alternate Name You May Have Filed Under:	Home Address:	
Legal Name of Maine Adult Use Marijuana Establishment Owned		FEIN

If you own more than one adult use marijuana establishment, check here and attach a sheet listing the name and FEIN of all establishments you own..... ☐

I understand that my taxpayer information is confidential under 36 M.R.S. § 191. By signing this form, I authorize Maine Revenue Services to review my confidential information and disclose the status of my Maine tax and filing obligations directly to the Maine Office of Marijuana Policy, pursuant to 36 M.R.S. § 191(2)(A). The disclosure will be limited to whether, based on a limited review of my confidential information by Maine Revenue Services, I have filed resident individual income tax returns pursuant to Title 36, Part 8, for the tax years indicated.

Owner's signature:_____ Date:_____

**Forms must be sent to Maine Revenue Services at mrs.compliance.omp@maine.gov,
faxed to 207-287-6627, or mailed to:**

**Maine Revenue Services
Attn: Compliance Division
P.O. Box 1060
Augusta, ME 04332-1060**

MRS – Office Use Only

The individual listed above has filed resident individual income tax returns pursuant to Title 36, Part 8, for the tax years checked below:

☐ 2020 ☐ 2019 ☐ 2018 ☐ 2017 ☐ 2016 ☐ 2015

MRS Reviewer:_____ Date:_____

F107 Note: ☐