

MAINE REVENUE SERVICES
Authorization to Review and Disclose
Status of Tax and Filing Obligations



Taxpayer Name:	Phone #:	FEIN/SSN:
Alternate Name You May Have Filed Under:	Present Address:	
Contact Name & Title (if taxpayer is a business):	Agency to Receive Status:	

You may attach a sheet of paper to this form if you need additional space to respond to the questions below.

1. Do you have any State of Maine tax liability that is presently due or owing? No Yes

If **YES**, please explain: _____

2. During the past 7 years, were you required to file any State of Maine tax return(s) other than income tax? No Yes

If **YES**, please list: Tax Type: _____ Tax Type: _____ Tax Type: _____
 Account No.: _____ Account No.: _____ Account No.: _____

3. Have you filed all State of Maine tax returns, including for income tax and for any tax types listed above, during the past 7 years? No Yes

If **NO**, please list the tax type, year(s), and explain why the return(s) was not filed (for example because you were not in business, or because you lived outside of Maine and were not required to file):

Tax Type: _____ Year(s): _____ Reason for Not Filing: _____
 Tax Type: _____ Year(s): _____ Reason for Not Filing: _____
 Tax Type: _____ Year(s): _____ Reason for Not Filing: _____

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 State of Maine agency listed above, pursuant to 36 M.R.S. § 191(2)(A). The disclosure will be limited to whether any Maine tax liability is presently due or owing and whether it appears, based on my responses in this authorization and a limited review of my confidential information by Maine Revenue Services, that I have filed all required Maine tax returns during the past 7 years.

Taxpayer's signature: _____ Date: _____

Name and title (if Taxpayer is a business): _____

MRS – Office Use Only

Status: Current Not Current If Not Current, reason: _____

MRS Reviewer: _____ Date: _____

F107 Note: