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.

Tax	payer Name: Phone #:
Soc	cial Security #: Date of Birth:/
Tax	cpayer Current Address:
Alte	ernate name you may have filed under:
1.	Do you have any State of Maine tax liability that is currently outstanding? ☐ No ☐ Yes If YES, please explain:
2.	Are you required to file any Maine State return(s) other than individual income tax ☐ No ☐ Yes 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? ☐ No ☐ Yes 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 the State of Maine? No Yes If YES, what years, and what date did you return to Maine:
	Taxpayer's signature:Date:
	MRS – Office Use Only
	Clearance Granted: ☐ Yes ☐ No If No, reason:
	MRS Clearance Officer: Date:
	Tracer needed: ☐ Yes ☐ No F107 Note: ☐