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| 25 25 |) Form | REVENUE | | Department Use Only (MM/DD/YY) | у | |
| 36 | 4000 | Withholding Tax Job T | | | | |
| 17 | _ 4030 | Authorization For Rele | ease of Confidential Information | ation | | |
| В | <u> </u> | | | | | |
| 9 | | | | | | |
| | Missouri Tax I.D. | | | | | |
| 2 | Number | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | I, | | | undersigned principa | | |
| 6 | to sign for the | e corporation, or is t | the owner of the busines | s, identified by Miss | ouri Tax Identification | on Number |
| 7 | as indicated ab | ove, and Federal Ider | ntification Number | | | do hereby |
| B 9 | authorize and | request the Departme | nt of Revenue, State of Mis | securi to release the c | confidential employer | withholding |
| 0 | | | | | | ١ |
| 1 | tax credit train | ing information as re | eported to the Department | pertaining to the abo | ve specified accoun | t for all tax |
| 2 | periods relating | g to participation in: | | | | |
| 3 | | | | | | |
| 4 | New Jok | os Training Program | | | | |
| 5 6 | | ontion Training D | | | | |
| 2 | Job Ret | ention Training Progra | | | | |
| В | This authorized | tion shall be offertive | this date and until all of the | costs associated with | my Joh Training Dr | ogram boye |
| 9 | | | triis date and until all of the | 3 COSIS associated with | Tilly Job Training Fit | ogram nave |
| 0 | been paid in fu | III. | | | | |
| 1 | | | | | | |
| 2 3 | L specifically a | uthorize release of suc | ch information to the Depar | tment of Economic De | velopment Missouri (| One Start |
| 4 | i, opcomodily a | 0.1101.20 10100.00 0. 00. | | | Volopillorit, micocaii | 01.0 0.0.1. |
| 5 | | | | | | |
| 6 | I, hereby releas | se the Director of Reve | enue and Department person | onnel from any and all | liability pursuant to u | nauthorized |
| 7 | disclosures of | confidential tax inform | nation resulting from releas | e of subject informatio | n under Section 32.0 | 057, RSMo, |
| 8 9 | or any other ar | oplicable confidentiality | v statuto | | | |
| 0 | or any other ap | phoable confidentiality | / Statute. | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | are that the above information | | | |
| 5 | | | other than the owner, this o | declaration is based or | n all information of wh | hich he has |
| 5 | any knowled | ige. | | | | |
| 8 | I also decla | re that I have the auth | ority to make this request of | on behalf of | | |
| 9 | l also decla | | | | (haia. | occ name) |
| 8 | Sign | | | | (Dusine | ess name). |
| 2 | Owner or Officer | Signature | Ov | wner or Officer Printed Name | | |
| 2 | | | | | | |
| 3 | Title | | Phone Number | | Date (MM/DD/YYYY) | |
| 5 | | | | +++++++++++++++++++++++++++++++++++++++ | | |
| | Mail to: Taxatio | n Division | E-mail: withholdingpro | oject@dor.mo.gov | Form 40 | 96 (Revised 11-2021) |
| 7 | P.O. Bo | ox 3375 | Visit dor.mo.gov/taxatic | on/business/tax-types/w | vithholding/ for addition | nal information. |
| В | Jefferso | on City, MO 65105-3375 | | | | |
| 9 | Phone: (573) 7 | 51-8750 25-3-1 | | | | |
| 0 | | 51-8750 STATE OF THE STATE OF T | | | | |
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