

**WAIVER AND AUTHORIZATION TO RELEASE
CONFIDENTIAL TAXPAYER INFORMATION**

Pursuant to Miss. Code Ann. § 27-3-83(6), the below named taxpayer hereby waives the confidentiality provisions of Miss. Code Ann. §§ 27-3-73, 27-7-83, and 27-13-57, as it pertains to any information provided or reviewed relating to an application for a Motion Picture Production Company Rebate. Specifically, the Department of Revenue is authorized to notify the Mississippi Development Authority as to whether the taxpayer below has filed income tax returns for each of the previous three (3) years.

INSTRUCTIONS FOR SIGNING

This waiver and authorization must be signed by the taxpayer. In the case of a liability of an individual, this form must be signed by that individual. In the case of an income tax liability for two individuals jointly, this form must be signed by either of the individuals with respect to whom the liability applies. In the case of a partnership, this form must be signed by any member of the partnership during any part of the period covered by the liability as well as a current member of the partnership. In the case of a member managed limited liability company, this form must be signed by any person who was a member of the limited liability company during any part of the period covered by the liability as well as a current member of the limited liability company. In the case of manager managed limited liability company, this form must be signed by any manager of the limited liability company. In the case of a return of a corporation, this form must be signed by a principal officer of the corporation and attested to by the corporation's secretary or other officer.

This the _____ day of _____, 20_____.

ATTEST (In the case of corporations)

Taxpayer Name (Print or Type)

By: _____

Social Security Number or FEIN

Title: _____

Signature

Capacity: _____

ACKNOWLEDGEMENT

State of _____

County of _____

Personally appeared before me, the undersigned authority in and for the said county and state, on this _____ day of _____, 20_____, within my jurisdiction, the within named _____, who acknowledged that he/she executed the above and foregoing instrument after having been duly authorized so to do.

Notary Public
