

STATE OF ARIZONA

Department of Revenue
Office of the Director



Janice K. Brewer
Governor

John A. Greene
Director

ANNUAL CONFIDENTIALITY AWARENESS CERTIFICATE

I, _____, _____
Employee name (Last, First, MI) (**print only**) Company Name

have been informed that, under law, I may only access or inspect tax returns and return information for a business purpose, and that the willful unauthorized access or inspection of tax returns and return information can result in severe penalties, including imprisonment of up to one year, a fine of up to \$1,000.00, dismissal from employment, and the costs of prosecution under Federal law. Willful unauthorized disclosure or inspection of tax returns and return information can result in severe penalties including imprisonment of up to five (5) years and a fine of up to \$5,000.00. I am also aware that other Federal and state penalties apply for violation of confidentiality statutes.

I have been notified that if I have any questions or concerns as to whether any access or inspection is authorized, it is my responsibility to consult with my immediate supervisor for guidance, and that I am to notify my immediate supervisor of any inadvertent access or inspection that may occur while performing my business responsibilities.

I reaffirm that I have read the confidentiality guidelines and agree to conform with them. I understand that the consequence for divulging confidential information includes prosecution and/or dismissal.

Signature of Vendor Employee

Date