

AUTHORIZATION FOR ELECTRONIC TRANSMISSION OF DATA

NAME OF TAXPAYER(S)	TAXPAYER'S E-MAIL ADDRESS
TAXPAYER'S ACCOUNT NO.	CASE IDENTIFICATION NUMBER (if applicable)
TAXPAYER'S REPRESENTATIVE	TAXPAYER'S REPRESENTATIVE'S E-MAIL ADDRESS

The California State Board of Equalization (Board) collects and stores confidential information about taxpayers and has a responsibility under the law to protect this information from unauthorized access, use, and disclosure. Taxpayers may authorize the transmission of confidential information via e-mail by providing written authorization to the Board. If authorization is provided, the confidential information will only be sent to individuals who have a legitimate business need to view the information (taxpayer and/or representative).

The following statement will be included at the top of each transmission:

Confidential information of the California State Board of Equalization – unauthorized use or disclosure is strictly prohibited by law. If you receive this e-mail in error, please immediately notify the Board by return e-mail and delete this message from your computer, without printing the message, and without disclosing its contents to any person other than the sender or recipient. Persons who copy or disclose such confidential information are subject to applicable legal penalties.

To authorize the transmission of confidential information to you and/or your representative via e-mail, please sign this BOE-82, *Authorization for Electronic Transmission of Data*. This authorization will remain in effect until rescinded in writing.

By signing, you acknowledge the following statement with respect to the account noted above:

I authorize the transmission of confidential or sensitive information via e-mail. I understand that transmission via e-mail is not a secure transmission and the Board is not responsible if confidential or sensitive information sent via e-mail is accessed by third parties.

SIGNED BY* (taxpayer, corporate officer or representative with a power of attorney)	DATE SIGNED
PRINT NAME OF SIGNATORY	CONTACT PERSON (if other than signatory)
TITLE OR POSITION	TELEPHONE NUMBER ()
TITLE OR POSITION OF CONTACT PERSON	TELEPHONE NUMBER ()

**Signatory, if not a corporate officer, partner or owner, certifies under penalty of perjury that he or she holds a power of attorney to execute this document.*