

# Confidential Tax Information Agreement

## for Individuals Certified to Inspect Sales and Use Tax Return Information

Name	Title	Social Security Number (Required)
Municipality Name		
Work Address		
City	State	Zip Code

I understand that as a condition of inspection of sales and use tax return information from the Nebraska Department of Revenue (Department), I hereby affirm that I have read [Neb. Rev. Stat. § 77-2711\(7\)](#) relating to confidentiality of Nebraska sales and use tax information.

I understand that any taxpayer information I receive from the Department, or come into contact with while reviewing information at the Department, will be held in the strictest of confidence and that this information will not be divulged to other persons except as authorized by law. In addition, I acknowledge that I shall remain subject to this agreement after I am no longer certified by the municipality to review sales and use tax return information.

I understand that any violation of the above provisions of law may result in me being fined up to \$1,000 or imprisoned up to one year, or both, upon conviction.

**sign  
here**

Signature

Date

Mail original agreement to: **Nebraska Department of Revenue, PO Box 94818, Lincoln, NE 68509-4818**

**Retain a copy for your records.**