



TENNESSEE DEPARTMENT OF REVENUE  
TR3 Business Portal Access Form

Individual's Name \_\_\_\_\_ User ID \_\_\_\_\_  
First M.I. Last (DG #) \_\_\_\_\_  
(Leave Blank for New User)

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_

Work Phone \_\_\_\_\_

**CHANGE NEEDED**

☐ ADD USER ☐ REVOKE USER ACCESS

**City or County**

☐ COUNTY USER County \_\_\_\_\_

☐ CITY USER City \_\_\_\_\_

**Security Code Method (Must Choose One)**

☐ EMAIL

☐ TEXT Mobile Phone Number: \_\_\_\_\_

Wireless Provider: \_\_\_\_\_

☐ EMAIL and TEXT \*\* Must include Wireless Provider to receive text message\*\*

**JURISDICTION AUTHORIZATION**

(If Business Tax is newly enacted, please attach the ordinance.)

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Supervisor Title

\_\_\_\_\_  
Date

**TYPED SIGNATURES WILL NOT BE ACCEPTED.  
AUTHORIZATION CANNOT BE SIGNED BY APPLICANT.**



STATE OF TENNESSEE  
**DEPARTMENT OF REVENUE**  
ANDREW JACKSON STATE OFFICE BLDG  
NASHVILLE, TENNESSEE 37242

## **Confidentiality and Disclosure of State Returns and Return Information**

I acknowledge my official duties may involve access to state tax returns, tax information, and/or tax administration information. I am aware that such returns and information require special protection and may only be accessed, used, or disclosed in performance of my official duties.

I have accessed and reviewed the portions of the Tennessee Code Annotated which pertain to the unauthorized disclosure of state tax returns, tax information, and tax administration information (T.C.A. §§ 67-1-1701-1712), which are available via the Department of Revenue's website: <https://www.tn.gov/revenue/tax-resources/legal-resources/tennessee-code-and-revenue-rules.html>. Having reviewed the above-described sections, I am aware that it is unlawful to access or disclose state tax returns, tax information, or tax administration information for any purpose not authorized as part of my official duties, and I am aware that these disclosure restrictions continue to apply even after my employment ceases. I agree to comply with the disclosure restrictions imposed by the Tennessee Code sections described above.

I am aware of the criminal and/or civil penalties associated with violations of the disclosure statutes as described above.

I will not access or disclose any state tax return, tax information, or tax administration information in any manner whatsoever, except to the extent, and in a manner specifically permitted by applicable laws, rules, or regulations.

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**JURISDICTION**

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**Name (Please Print)**

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**Title**

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**Signature**

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**Date**