



TENNESSEE DEPARTMENT OF REVENUE
TR3 Business Portal Access Form

Individual's Name _____ User ID _____
(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.

JURISDICTION

Name (Please Print)

Title

Signature

Date