



State of New Jersey
DEPARTMENT OF TREASURY
DIVISION OF TAXATION
 WIC PROJECT
 PO BOX 445
 TRENTON, N. J. 08625-0445

**WAIVER OF RIGHTS UNDER N.J.S.A. 54:50-8 AND
 AUTHORIZATION FOR RELEASE OF TAX RETURN INFORMATION
 TO DEPARTMENT OF HEALTH**

This form to be completed by the WIC vendor.

Print Name of WIC Vendor: _____

Print Street Address: _____

Print Town: _____

Telephone Number: _____

Print Name of Contact Person: _____

and Title: _____

Tax Identification Number: _____

This undersigned hereby authorizes the Division of Taxation to release tax return information to the Department of Health (DOH) for the sole and exclusive purpose of administration of the responsibilities under Federal Public Law 108-265.

The Taxation data subject to release to DOH may include the name, address and business gross receipts for WIC vendors identified by DOH.

By signing this form, the undersigned releases the New Jersey Division of Taxation and its contractor from the obligation to maintain the confidentiality of tax return information under N.J.S.A. 54:50-8. The undersigned also waives all right to make any claim against the Division of Taxation and its contractor for the limited release of tax information to DOH.

The undersigned represents that he/she is authorized to sign this waiver on behalf of the vendor for the purpose set forth herein.

Print Name of Owner, Partner or Officer of Vendor and Title

Signature of Owner, Partner or Officer of Vendor and Title Date