

Confidentiality and Non-Disclosure Agreement

Individuals with access to Washington State Department of Revenue's Confidential Information must complete and sign this form.

DOR Contract Number (if applicable):

Identification:

Name:

Title:

Employer:

Phone:

Address:

City:

State:

Zip:

Email:

Scope: Confidential Information under this Agreement includes:

- Licensing information ([RCW 19.02.115](#))
- Personal information ([RCW 42.56.590](#))
- Property tax information ([RCW 84.08.210](#), [RCW 84.40.020](#), [RCW 84.40.340](#))
- Return and tax information ([RCW 82.32.330](#))
- Federal tax information ([26 USC § 6103](#))
- Unclaimed Property ([RCW 63.30.820](#))
- Other information exempt by law

Acknowledgement of Confidentiality:

I have read and understand the following obligations and responsibilities:

Initial next to each statement after reading.

I may use and access Confidential Information for official purposes only as needed to conduct business, and if applicable, as authorized by the data sharing agreement with my employer.

I may not use, publish, transfer, sell or otherwise disclose any Confidential Information acquired for any unauthorized purpose.

I must protect the Confidential Information and maintain required security safeguards.

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I must maintain confidentiality after I no longer have access to the Confidential Information.

I understand an individual who discloses confidential tax or licensing information to an unauthorized person is guilty of a misdemeanor. A state employee is subject to the loss of their position and the inability to hold public employment in Washington state for two years (RCW 82.32.330(6) and 19.02.115(6)). An individual who discloses property tax information in violation of RCW 84.08.210 is guilty of a gross misdemeanor (RCW 84.08.210(4)).

Additional penalties may apply under state or federal laws.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature:

Date signed:

Authorization (to be completed by employer):

I authorize the individual above to have access to Confidential Information to meet the following business requirements:

Name:

Title:

Signature:

Date:

Authority: Supervisor

Contract Manager

Agency Security Administrator

Other: