FLORIDA DEPARTMENT OF REVENUE

_____
Print Name of Local Government

RISE Attachment C
for Level-one or Level-two Agreements
Revenue Information Sharing and Exchange (RISE)
Program Participant Certification
for Access to
Confidential State Tax Information

I hereby certify that I have read and understand the following:

1. Section (s.) 213.053, Florida Statutes, (F.S.), makes state tax information in the possession of the Department confidential except for official tax administration purposes.

2. Violation of confidentiality requirements found in s. 213.053(2), F.S., is a first degree misdemeanor, punishable, as stated in ss. 775.082 and 775.083, F.S.

3. When in receipt of state tax information from the Department, RISE participants and their authorized employees, and certified public accountants contracted pursuant to ss. 125.0104 and 212.0305, F.S., are subject to the same requirements of confidentiality and the same penalties for violation of those requirements as the Department.

4. No federal tax information will be made available.

5. Confidential state tax information must be kept under lock and key when not being used.

6. State tax information may be used for official tax administration purposes only.

7. When no longer needed, this information will be returned to the department, or destroyed by shredding or incineration.

8. Only authorized employees of the RISE participant listed on the attached sheet, or any certified public accountant contracted pursuant to ss. 125.0104 or 212.0305, F.S., with an official need and use, will be allowed to request, receive, and review state tax information.

_____   _____
(Name)   (Title)
Signer of RISE Agreement

_____   _____
(Signature)   (Date)

As an authorized employee of the RISE Participant, I hereby certify that I am familiar with the confidentiality requirements of s. 213.053, F.S., and aware of the criminal penalties for the unauthorized disclosure of state tax information punishable as stated in ss. 775.082 and 775.083, F.S. I understand that state tax information received from the Department may be used by listed staff of the Government Entity and for official tax administration purposes only.

Name (Print or Type)	Official Title	Signature	Date

(Attach additional sheets if necessary)