TAX OFFICE

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AUTHORIZATION TO COMMUNICATE VIA E-MAIL City of Mason Tax Correspondence

NAME:	
SPOUSE'S NAME (IF FILING JOINTLY):	
ADDRESS:	
LAST 4 DIGITS OF PRIMARY ACCOUNT HOLDER'S SOCIAL SE	CURITY NUMBER:
PHONE NUMBER:	
E-MAIL ADDRESS:	
l (we) understand that for verification purposes, a test e-mail v this form. If my (our) e-mail address changes, I (we) will notify e-mail authorization form.	·
l (we) authorize the City of Mason to communicate tax inform These e-mails may include but are not limited to General Noti Coupons, and Correction, No-File, or Balance-Due letters.	
l understand that failure to receive e-mails sent by the Tax Of my responsibility to file tax returns, make payments, or reply t	
Further, I understand that I may withdraw my permission to contifying the Mason Tax Office in writing or via e-mail.	ommunicate via e-mail at any time by
Signature	 Date
Spouse Signature	 Date