



**State of North Carolina
Office of Information Technology Services**

**Pat McCrory
Governor**

**Chris Estes
State Chief Information Officer**

**IRSDISCLOSURE AWARENESS ACKNOWLEDGEMENT STATEMENT
FOR
THIRD-PARTY PROVIDERS¹**

By signing this statement, I acknowledge that I have viewed and understand the “IRS Disclosure Awareness Training” video.

As a Third-Party Provider to the North Carolina Office of Information Technology Services, I agree that I will not access or inspect taxpayer records for any non-business reason. I understand the penalties for not maintaining the confidentiality of taxpayer records. I will contact my supervisor if I need additional information on the confidentiality of tax information.

AGREED, this ____ day of _____, 201_. I also acknowledge that I have been provided a copy of this statement.

Third Party Name Printed

Third Party Signature

Division: _____

Company Name: _____

Manager/Supervisor Name Printed

Manager/Supervisor Manager Signature

¹Third-party providers are non-state employees, such as vendors, suppliers, individuals, contractors, and consultants, including their employees and agents, responsible for providing goods or services to the state. In order to perform the requested services, a third party may require access to information technology assets and access to agency information determined to be valuable to operations and/or classified as confidential by law.