**Attachment A**

Wage Match Acknowledgement Regarding Confidentiality of Information

[Print on Local Housing Authority Letterhead]

To: [Local Housing Authority Name] Employees with Access to Wage Match

From: [Executive Director or Board Chair]

Re: Confidentiality of the Department of Revenue’s Information

Date: [Insert Date]

The attached Summary of the Laws is being provided to you because as part of your job duties you may have access to confidential tax, wage reporting, financial institution match, 14-day new hire and child support information, as well as “personal data” provided to the Department of Housing and Community Development by the Department of Revenue. The access and disclosure of this information is governed by the attached state and federal laws. Violation of the laws provide for specific sanctions including civil and criminal penalties, as well as dismissal from employment and disqualification from holding office in the Commonwealth for up to three years.

If you have any questions regarding this form, please contact [Executive Director or Designee] at [Phone Number].

**ACKNOWLEDGEMENT REGARDING THE CONFIDENTIALITY OF**

**THE DEPARTMENT OF REVENUE’S INFORMATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a full-time or part-time employee, contract employee, individual consultant, volunteer, trainee, student intern, member, director, officer, partner, agent or subcontractor of the Department of Housing and Community Development, hereby acknowledge that I have received a copy of the “Summary of the Massachusetts and Federal Laws Pertaining to Confidential Information of the Massachusetts Department of Revenue” which governs the access and disclosure of information to include, without limitation, tax information, wage reporting information, financial institution match information, 14-day new hire information and child support information, as well as “personal data” as defined in G.L. c. 66A (collectively, the “Information”). I also acknowledge that it is my responsibility as an Employee of [Local Housing Authority Name] to read this Notice and to comply with the laws pertaining to the Information.

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Signature Date

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Name in print











