NC Department of Revenue Security Policies Annual Acknowledgement Form

Name:		SSN: XXX-XX	(last 4 digits only)
Manua (NCDC) tempor for or o policies or a manuaccess	iance with all security policies and procedures as I is a requirement for continued employment with DR). This Annual Acknowledgement Form applie raries, and other staff, including but not limited to loing business with the North Carolina Department or procedures are grounds for disciplinary action at Procedure at the contract under which services to information at NCDOR.	the North Carolina De s to employees, contract o, all personnel affiliated ent of Revenue. Violatio on, up to and including the es are being provided, a	partment of Revenue ctors, consultants, l with third parties working ns of NCDOR security termination of employment and will result in denial of
followi	ning this Annual Acknowledgement Form, I am a ng:	cknowledging that I und	derstand and agree to the
1.	I am responsible for maintaining the confidential the control of the Department and its data customatute, I may be performing tasks involving us information. As such, I may be subject to substitute various state and federal statutes (North Caroli 26 U.S.C. §§6103, 7213, 7213A, 7431) for una information. Disclosing federal tax information \$5000 fine or imprisonment for five years, or be looking at a federal tax return or tax return informations the violator to a \$1,000 fine or imprisonst.	odians. As part of my jour of storage of confider tantial civil and criminal ina G.S. §105-259 and authorized disclosure or is a felony violation suboth, plus prosecution commation without authorized	b duties and as required by ntial state and federal tax penalties imposed by the Internal Revenue Code inspection of tax jecting the violator to a lests. Inspecting, browsing o exation is a felony violation
2.	Division of Employment Security data. I may have the North Carolina Department of Commerce, of Revenue. I understand and will adhere to the G.S. §96-4(x) and all applicable and relevant s C.F.R. part 603).	Division of Employment e confidentiality require	Security to the Departmen ments of North Carolina
3.	Merchant Credit Card data [Payment Card Indorequired by statute, I may be performing tasks credit card information. I agree to protect and rinformation. Misuse or unauthorized disclosure fines and penalties imposed by the Payment C	involving use or storage not disclose confidential of merchant credit care	e of confidential merchant merchant credit card
4.	I have completed the required Annual North Ca Awareness Training and reviewed the concepts responsibilities pursuant to my continued employed	s presented therein, and	
terms a	read and understand this Annual Acknowledgem and conditions stated herein and as set forth in the ced by my signature below.		
	Employee Signature		 Date