

NC Department of Revenue

Security Policies Annual Acknowledgement Form

Name: _____ SSN: XXX-XX-_____ (last 4 digits only)

Compliance with all security policies and procedures as set forth in the current NCDOR Security Policy Manual is a requirement for continued employment with the North Carolina Department of Revenue (NCDOR). This Annual Acknowledgement Form applies to employees, contractors, consultants, temporaries, and other staff, including but not limited to, all personnel affiliated with third parties working for or doing business with the North Carolina Department of Revenue. Violations of NCDOR security policies or procedures are grounds for disciplinary action, up to and including termination of employment or a material breach of the contract under which services are being provided, and will result in denial of access to information at NCDOR.

By signing this Annual Acknowledgement Form, I am acknowledging that I understand and agree to the following:

1. I am responsible for maintaining the confidentiality of NCDOR information which remains under the control of the Department and its data custodians. As part of my job duties and as required by statute, I may be performing tasks involving use or storage of confidential state and federal tax information. As such, I may be subject to substantial civil and criminal penalties imposed by various state and federal statutes (North Carolina G.S. §105-259 and the Internal Revenue Code, 26 U.S.C. §§6103, 7213, 7213A, 7431) for unauthorized disclosure or inspection of tax information. Disclosing federal tax information is a felony violation subjecting the violator to a \$5000 fine or imprisonment for five years, or both, plus prosecution costs. Inspecting, browsing or looking at a federal tax return or tax return information without authorization is a felony violation subjecting the violator to a \$1,000 fine or imprisonment for one year, or both, plus prosecution costs.
2. Division of Employment Security data. I may have access to confidential information provided by the North Carolina Department of Commerce, Division of Employment Security to the Department of Revenue. I understand and will adhere to the confidentiality requirements of North Carolina G.S. §96-4(x) and all applicable and relevant state and federal laws (including subpart B of 20 C.F.R. part 603).
3. Merchant Credit Card data [Payment Card Industry (PCI) Data]. As part of my job duties and as required by statute, I may be performing tasks involving use or storage of confidential merchant credit card information. I agree to protect and not disclose confidential merchant credit card information. Misuse or unauthorized disclosure of merchant credit card information could result in fines and penalties imposed by the Payment Card Industry.
4. I have completed the required Annual North Carolina Department of Revenue Security Awareness Training and reviewed the concepts presented therein, and I understand my responsibilities pursuant to my continued employment with NCDOR.

I have read and understand this Annual Acknowledgement Form. I agree to comply fully with the policies, terms and conditions stated herein and as set forth in the current NCDOR Security Policy Manual as evidenced by my signature below.

Employee Signature

Date