

Confidential Tax Information Authorization

I authorize the Tax and License Division of City of Tacoma to share my confidential tax information as indicated. Use this form to authorize Tax and License Division to share your confidential tax information with a third party. You can also use this form to authorize Tax and License Division to send confidential tax information using regular fax or email.

1. Taxpayer Information

Taxpayer or Business Name _____
Contract Account Number _____ UBI Number _____
Mailing Address _____ City _____ State _____ Zip _____
Email _____
Phone _____ Fax _____

2. Share my confidential tax information with the individual(s)/company listed below.

If you are not authorizing a third party, go to step 3.

If you are authorizing an entire company or a government agency, add the words "and staff".

If authorizing specific people, add additional name(s) in the *Authorized names/email section*.

Individual or Company Name _____
Mailing Address _____ City _____ State _____ Zip _____
Email _____
Phone _____ Fax _____

Place an x in the appropriate box below:

- Any information for any reporting period.
 Any information for this reporting period: From ____/____/____ To ____/____/____
 Only listed information (list below) for this reporting period: From ____/____/____ To ____/____/____

Authorized Names/Email Section

3. Send my confidential tax information by regular email or fax.

I know regular email and fax are not secure, and confidential information may be intercepted by unauthorized persons.

- By checking this box, I authorize Tax and License Division of City of Tacoma to send my confidential tax information using regular email or fax.

4. My signature

I declare, under penalty of perjury, that I am authorized to sign this form. I am listed as the business owner, partner, corporate officer, or LLC member or manager in official records held by Washington State, or I have attached documentation (ex., power of attorney, annual report) that grants me the authority to sign.

Taxpayer Signature _____ Print Name _____
Title _____ Date _____ City and State Where Signed _____

This authorization remains in effect until revoked in writing by either party. Keep a copy for your files to revoke this authorization, write "Revoke" across the front of this form and return it to Tax & License as indicated in step 5.

5. Mail to 747 Market Street, Room 212 / Tacoma, WA 98402 or fax to 253-591-5512.

For tax assistance or to request this document in an alternate format, please contact us at 253-591-5252.

ATTN: _____

Authorization for Confidential Tax Information

Confidential tax information

Tax information is confidential and cannot be shared with anyone without express permission. By completing this form, you are authorizing Tax and License Division of City of Tacoma to share your confidential tax information with the person(s) you name. This request may cover all confidential tax information or it may be limited to certain information and/or reporting periods. In section 2, please describe the specific information you want Tax and License Division to share and the periods covered by this authorization.

ATTN: (if you are working with a Tax and License employee)

If you are working with a Tax and License employee, write the employee's name on the ATTN: line on the bottom of page 1 of this form and **return the form as instructed**.

Otherwise, send this form via:

Mail Tax and License Division
747 Market Street
Room 212
Tacoma, WA 98402

Fax 253-591-5512

Questions? Call Tax and License at 253-591-5252.

Tax & License Division/
Finance Department
City of Tacoma
747 Market Street, Room 212 Tacoma WA 98402

Phone: 253-591-5252
Fax: 253-591-5512
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taxinfo@cityoftacoma.org