

**Form TCD-1 - Tax Credit Disclosure  
Agreement OR Authorization to  
Disclose Confidential Tax Information  
Relating to Tax Credits**

Virginia Department of Taxation  
Tax Credit Unit  
PO Box 715  
Richmond, VA 23218-0715

Fax to: 804-786-2800  
For Assistance,  
Call 804-786-2992

**1) Taxpayer Information – Taxpayer(s) must sign and date this form.**

Taxpayer name(s)	SSN/ FEIN	Daytime Phone Number
		(      )

Hereby authorizes the following representative(s) to act as provided in line 4:

**2) Representative(s).**

Name and address	Phone No.
	FAX No.
	Email
<input type="checkbox"/> Broker <input type="checkbox"/> CPA <input type="checkbox"/> Attorney <input type="checkbox"/> Other _____	
Name and address	Phone No.
	FAX No.
	Email
<input type="checkbox"/> Broker <input type="checkbox"/> CPA <input type="checkbox"/> Attorney <input type="checkbox"/> Other _____	

To represent the taxpayer(s) before the Virginia Department of Taxation for the following tax matters:

**3) Credit Type - Check all that apply and enter the taxable year that each credit originated**

Credit	Taxable Year	Credit	Taxable Year	Credit	Taxable Year
<input type="checkbox"/> Agricultural Best Management		<input type="checkbox"/> Livable Home		<input type="checkbox"/> Qualified Business	
<input type="checkbox"/> Enterprise Zone (nonrefundable)		<input type="checkbox"/> Major Business		<input type="checkbox"/> Recyclable Materials	
<input type="checkbox"/> Historic Rehabilitation		<input type="checkbox"/> Motion Picture Production		<input type="checkbox"/> Riparian Waterway Buffer	
<input type="checkbox"/> Land Preservation		<input type="checkbox"/> Neighborhood Assistance		<input type="checkbox"/> Other _____	

**Certificate/Transaction Number(s):**

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**4) Information Authorized** The representative(s) are authorized to request, receive, inspect and discuss the following information for the life of the credit(s) described on line 3, unless otherwise noted below.

Acknowledgement Letter                     
  Credit Certificate   
  LPC Balance

**5) Authorization** This Authorization revokes all previous Authorizations received by the Department of Taxation for the credits and years or transaction numbers covered by this form, except the following. Specify to whom granted, date and address including ZIP code, and attach copies of earlier power(s) and authorizations.

**6) Signature of Taxpayer(s)** If a tax matter concerns both husband and wife, each must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee, on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

_____ Signature	_____ Title, if applicable	_____ Date
_____ Signature	_____ Title, if applicable	_____ Date