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
☐ Broker ☐ CPA ☐ Attorney ☐ Other _____	
Name and address	Phone No.
	FAX No.
	Email
☐ Broker ☐ CPA ☐ Attorney ☐ 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
☐ Agricultural Best Management		☐ Livable Home		☐ Qualified Business	
☐ Enterprise Zone (nonrefundable)		☐ Major Business		☐ Recyclable Materials	
☐ Historic Rehabilitation		☐ Motion Picture Production		☐ Riparian Waterway Buffer	
☐ Land Preservation		☐ Neighborhood Assistance		☐ Other _____	

Certificate/Transaction Number(s):				

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