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

VA Dept. of Taxation TCD-1 8101005 Rev. 02/15

Virginia Department of Taxation Tax Credit Unit PO Box 715 Fax to: 804-786-2800 For Assistance, Call 804-786-2992

Richmond, VA 23218-0715

1) Taxpayer Information – Taxpayer	(s) must siç	n and date this for	m.					
Taxpayer name(s)			SSN/ FEIN		Daytime Phone Number			
Hereby authorizes the following represe	entative(s) to	act as provided in	line 4:		( )			
2) Representative(s) – Only individu		·						
Name and address				Phone No.				
						FAX No.		
						TAX NO.		
						Email		
□ Broker □ CPA	Attorn	ley Dothe	ır					
Name and address						Phone No.		
						FAX No.		
						Email		
☐ Broker ☐ CPA	Attorn	ey Dothe	ır					
o represent the taxpayer(s) before the	Virginia De	partment of Taxation	for the following ta	x matters:	'			
3) Credit Type – Check all that apply								
Credit	Taxable Year	Cre	dit	Taxable Year		Credit Taxab 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 Ass		Assistance		Other			
Certificate/Transaction Number(s):								
4) Information Authorized The rep credit(s) described on line 3, unless ot			request, receive, in	spect and d	liscuss the follow	ing information for the	he life of the	
Acknowledgement Letter	nerwise note	_	redit Certificate				LPC Balan	
5) Authorization This Authorization transaction numbers covered by this for earlier power(s) and authorizations.		orevious Authorization the following. Specif						
6) Signature of Taxpayer(s) If a tax matters partner, executor, receiver, add the taxpayer.								
Signature			Fitle, if applicable			Date		
Signature			Title if applicable	Title if applicable				