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

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:

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	
credit(s) described on line 3, unless of		ed below.	inspect and c	discuss the following information for th	
credit(s) described on line 3, unless ot	nerwise noted below.			Г	I PC Balance
5) Authorization This Authorization transaction numbers covered by this for earlier power(s) and authorizations.					
6) Signature of Taxpayer(s) If a tax	matter conc	erns both husband and wife, each m	ust sign. If sig	gned by a corporate officer, partner, g	uardian, tax

Signature

the taxpayer.

Title, if applicable

Date

Date