Form TCD-1

Fax to: (804) 774-3902 For Assistance, Call: (804) 786-2992

Tax Credit Disclosure Agreement OR Authorization to Disclose Confidential Tax Information Relating to Tax Credits

Virginia Department of Taxation Tax Credit Unit P.O. Box 715 Richmond, VA 23218-0715

Date

Receive authorizes the following representative(s) to act as provided in Section 4:	SECTION 1 — TAXPAYER INFO	RMATIO	N – Taxpayer(s) must	sign and da	te this fo	rm.			
Phone Number Phon	Taxpayer name(s)			SSN / FEIN			Daytime Phone Number		
Phone Number Phon									
Phone Number Fax Number F	Hereby authorizes the following re	presentati	ive(s) to act as provided	l in Section 4	1:				
Fax Number	SECTION 2 — REPRESENTATIV	VE(S) – C	Only individuals may b	e named as	represer	ntatives.			
Broker CPA Attorney Other Fax Number Broker CPA Attorney Other Fax Number Phone Number Fax Number	Name and address					Phone Number			
Broker CPA Attorney Other Name and address Phone Number Fax Number To represent the taxpayer(s) before the Virginia Department of Taxation for the following tax matters: SECTION 3 — GREDIT TYPE — Chock all that apply and enter the taxable year that each credit originated. Taxable Credit Taxable Year Credit Taxable Year Agricultural Best Management Livable Home Qualified Equity/Subordinated Debt Enterprise Zone (nonrefundable) Major Business Facility Job Recyclable Materials Food Crop Donation Major Research and Development Research Research Research and Development Research							Fax Number		
Fax Number	Broker CPA Attorney Other					Email Address			
Broker CPA Attorney Other Email Address To represent the taxpayer(s) before the Virginia Department of Taxation for the following tax matters: SECTION 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 Credit Gredit G	Name and address						Phone Number		
Broker CPA Attorney Other						Fax Number			
SECTION 3 — CREDIT TYPE - Check all that apply and enter the taxable year that each credit originated. Credit Taxable Year Credit Taxable Year Year Taxable Year Taxable Year Taxable Year Year Taxable Year Year Year Year Year Year Year Yea	Broker CPA	Attorney Other				Email Address			
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Credit Taxable Year Qualified Equity/Subordinated Debt Qualified Equity/Subordinated Security Subordinated Qualified Equity/Subordinated Security Subordinated Qualified Equity/Subo									
Enterprise Zone (nonrefundable) Major Business Facility Job Recyclable Materials Research and Development Research and Development Research and Development Research and Development Riparian Waterway Buffer Land Preservation Rejarian Waterway Buffer Representative(s) are authorized to request, receive, inspect, and discuss the following information for the life of the credit(s) indicated in Section 3, unless otherwise noted in Section 5. Certificate / Transaction Number(s): SECTION 5 — AUTHORIZATION This Authorization revokes all previous Authorizations received by the Virginia Department of Taxation for the credits and years or transaction numbers covered by this form. If there are any exceptions, specify to whom granted, date, and address including ZIP Code on the line below. Enclose copies of earlier power(s) and authorizations. SECTION 6 — SIGNATURE OF TAXPAYER(S) If a tax matter concerns both spouses, 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.		Taxable			Taxable				
□ Food Crop Donation □ Major Research and Development □ Research and Development □ Historic Rehabilitation □ Motion Picture Production □ Riparian Waterway Buffer □ Land Preservation □ Neighborhood Assistance □ Other □ □ Determined □ D	Agricultural Best Management		Livable Home			Qualified Equity/Subordinated Debt			
Historic Rehabilitation	Enterprise Zone (nonrefundable)		Major Business Facility Job			Recyclable	Recyclable Materials		
Land Preservation	Food Crop Donation		Major Research and Development			Research and Development			
SECTION 4 — INFORMATION AUTHORIZED The representative(s) are authorized to request, receive, inspect, and discuss the following information for the life of the credit(s) indicated in Section 3, unless otherwise noted in Section 5. Acknowledgment Letter Credit Certificate LPC Balance SECTION 5 — AUTHORIZATION This Authorization revokes all previous Authorizations received by the Virginia Department of Taxation for the credits and years or transaction numbers covered by this form. If there are any exceptions, specify to whom granted, date, and address including ZIP Code on the line below. Enclose copies of earlier power(s) and authorizations. SECTION 6 — SIGNATURE OF TAXPAYER(S) If a tax matter concerns both spouses, 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.	Historic Rehabilitation		☐ Motion Picture Production			Riparian Waterway Buffer			
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administrator, or trustee, on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.	SECTION 6 — SIGNATURE OF	TAXPAY	ER(S)						
Signature Title, if applicable Date								receiver,	
	Signature		Title, if a	Title, if applicable			Date		

Title, if applicable

Signature