



CONFIDENTIAL TAX INFORMATION AUTHORIZATION

The Representative named on this form is authorized to receive confidential tax information from the City of Seattle License and Tax Administration. This form will be placed in the taxpayer's file.

1. Taxpayer / Business Information (please type or print)

Seattle Customer No: _____ Telephone No.: _____
 UBI No: _____ Fax No.: _____
 Taxpayer name(s) and address: _____ E-Mail: _____

2. Representative (please type or print)

Name (including title, CPA, attorney, etc., if applicable) & address: _____ Telephone No.: _____
 _____ Fax No.: _____
 _____ E-Mail: _____

3. Authorized Information and Year(s) or Period(s) (please be specific or state "All")

4. Revocation of Confidential Tax Information Authorization

If you want to revoke a prior tax information authorization, check this box.....

5. Signature of Taxpayer(s)

I certify that I am shown in official Washington state records as the owner, corporate officer, registered agent, or partner of the above business/account and that I am authorized to execute this form on behalf of the business/account for the information and periods stated above. **If you are the guardian, executor, receiver, administrator, or trustee, please provide proof of your authorization.**

X _____
 Print Name

X _____
 Signature Date Title

X _____
 Print Name

X _____
 Signature Date Title