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

Section 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 Section 4:

Section 2 - Representative(s) – Only individuals may be named as representatives.

Name and address	Phone Number
	Fax Number
	Email

☐ Broker   ☐ CPA   ☐ Attorney   ☐ Other _____

Name and address	Phone Number
	Fax Number
	Email

☐ Broker   ☐ CPA   ☐ Attorney   ☐ Other _____

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
☐ Agricultural Best Management		☐ Livable Home		☐ Qualified Business	
☐ Enterprise Zone (nonrefundable)		☐ Major Business		☐ Recyclable Materials	
☐ Food Crop Donation		☐ Major Research and Development		☐ Research and Development	
☐ Historic Rehabilitation		☐ Motion Picture Production		☐ Riparian Waterway Buffer	
☐ Land Preservation		☐ Neighborhood Assistance		☐ Other _____	

Certificate/Transaction Number(s):				

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 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. Attach copies of earlier power(s) and authorizations.

_____

Section 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