Form TCD-1

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

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 – T	faxpayer(s)) must sign and date this form.				
Taxpayer name(s)		SSN / F	EIN	Daytime Phone Number		
Hereby authorizes the following repres	entative(s)	to act as provided in Section 4:				
Section 2 - Representative(s) - Only	individual	ls may be named as representatives.				
Name and address				Phone Number		
					Fax Number	
Broker CPA Attorney Other				Email		
Name and address				Phone Number		
☐ Broker ☐ CPA	☐ Atto	orney Other			Email	
To represent the taxpayer(s) before the	e Virginia D	epartment of Taxation for the following to	ax matters:			
Section 3 - Credit Type - Check all t	that apply	and enter the taxable year that each c	redit origii	nated.		
Credit	Taxable Year	Credit	Taxable Year		Credit	Taxable Year
Agricultural Best Management		Livable Home		Qualified B	usiness	
Enterprise Zone (nonrefundable)		☐ Major Business		Recyclable Materials		
Food Crop Donation		Major Research and Development		Research and Development		
Historic Rehabilitation		Motion Picture Production		Riparian W	Riparian Waterway Buffer	
Land Preservation		☐ Neighborhood Assistance		Other		
Certificate/Transaction Number(s):						
Section 4 - Information Authorized						
	o request, r	receive, inspect, and discuss the followin	g information	on for the life of t	he credit(s) indicated in	Section 3,
Acknowledgment Letter				LPC Balance		
Section 5 - Authorization						
		tions received by the Department of Taxa y to whom granted, date, and address in				
Section 6 - Signature of Taxpayer(s	5)					
		e, each must sign. If signed by a corpo e taxpayer, I certify that I have the autho				executor,
Signature		Title, if applicable	Title, if applicable		Date	
Signature					 Date	