

## **Confidential Tax Information Authorization**

The Representative named on this form is authorized to receive confidential tax information from the City of Bellevue Tax Division. This form will be placed in the taxpayer's file. Please send completed form to tax@bellevuewa.gov or to City of Bellevue Tax Division, PO BOX 90012, Bellevue, WA, 98009-9012.

Taxpayer/ Business Info	rmation (please type or pr	int)	
Bellevue Registration #:	Phone:	Fax:	
UBI #:	Email:		
	·SS:		
Representative (please t	ype or print)		
Phone:	Fax:	Email:	
Name (including title, CPA, a	ttorney, etc., if applicable) & ad	dress:	
Authorized Information	and Year(s) or Period(s) (p	lease be specific or state	"All")
Revocation of Confident	ial Tax Information Autho	rization	
	tax information authorization,		
Signature of Taxpayer(s)			
	fficial Washington state record	s as the owner, corporate offi	cer, registered
•	ve business/account. I am auth		
	ormation and periods stated a		executor, receiver,
administrator, or trustee, ple	ease provide proof of your auth	norization.	
X Print Name	X Signature	Date	Title
X Print Name	X Signature	Date	Title

For alternate formats, interpreters, or reasonable accommodation requests please phone at least 48 hours in advance 425-452-6800 (voice) or email tax@bellevuewa.gov. For complaints regarding modifications, contact the City of Bellevue ADA, Title VI, and Equal Opportunity Officer at ADATitleVI@bellevuewa.gov.