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 Information (please type or print)

Bellevue Registration #: _____ Phone: _____ Fax: _____

UBI #: _____ Email: _____

Taxpayer name(s) and address: _____

_____

_____

Representative (please type or print)

Phone: _____ Fax: _____ Email: _____

Name (including title, CPA, attorney, etc., if applicable) & address: _____

_____

_____

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

_____

_____

Revocation of Confidential Tax Information Authorization

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

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. I am authorized to execute this form on behalf of the business/account for the information and periods stated above. I f 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

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 accommodations, contact City of Bellevue ADA/Title VI Administrator at 425-452-6168 (voice) or email ADATitleVI@bellevuewa.gov. If you are deaf or hard of hearing dial 711. All meetings are wheelchair accessible.

FAM-22-7174

정보 **Information** 情報
Información معلومات
సమాచారం Информация
اطلاعات Thông Tin
सूचना **425-452-6800** 資料