



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.

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