

**VIRGINIA DEPARTMENT OF TAXATION  
AUTHORIZATION TO CONFIRM TAX STATUS**

<b>Tax Use Only</b>
File # _____

Taxpayer's name as shown on tax return	Social Security Number - -
If joint return filed, spouses name as shown on tax return	Social Security Number - -
Address shown on last tax return filed Address line 1 _____ Address line 2 _____ City, state, zip _____	Taxpayer contact information Daytime phone number(s) _____(Home) _____(Cell)

I authorize the Virginia Department of Taxation to provide information regarding **tax return filing history** for (check one)

Last 10 years     Last 5 years     Year(s) or time period listed here: \_\_\_\_\_

I also authorize the Virginia Department of Taxation to provide information regarding any **outstanding tax liabilities including dollar amounts and partial payment plan agreement status** for (check one)

Last 10 years     Last 5 years     Year(s) or time period listed here: \_\_\_\_\_

Name of organization authorized to receive information \_\_\_\_\_

Name of individual authorized to receive information (if known)	Contact Phone Number ( ) -	Contact Fax Number ( ) -
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Organization street address \_\_\_\_\_

Organization city, state, zip \_\_\_\_\_

Notary Stamp	Signature of taxpayer	Print name	Date
	Notary Information Subscribed and sworn before me this _____ day of _____, 20____, in the (City/County) _____, of _____.		
	Notary Public Signature		Date
	Notary Public Name Printed		My Commission Expires

**Instructions: Please complete the information in all sections above. Once you have filled in the required information, you may fax this completed form to the attention of the Disclosure Officer at (804) 786-2806. For security purposes, illegible or incomplete forms will not be processed.**

Revised 3/16/16