

**Form TCD-1**

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

**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 – Taxpayer(s) must sign and date this form.**

Taxpayer name(s)	SSN / FEIN	Daytime Phone Number
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Hereby authorizes the following representative(s) to act as provided in Section 4:

**Section 2 - Representative(s) – Only individuals may be named as representatives.**

Name and address  <input type="checkbox"/> Broker <input type="checkbox"/> CPA <input type="checkbox"/> Attorney <input type="checkbox"/> Other _____	Phone Number
	Fax Number
	Email
Name and address  <input type="checkbox"/> Broker <input type="checkbox"/> CPA <input type="checkbox"/> Attorney <input type="checkbox"/> Other _____	Phone Number
	Fax Number
	Email

To represent the taxpayer(s) before the Virginia Department of Taxation for the following tax matters:

**Section 3 - Credit Type – Check all that apply and enter the taxable year that each credit originated.**

Credit	Taxable Year	Credit	Taxable Year	Credit	Taxable Year
<input type="checkbox"/> Agricultural Best Management		<input type="checkbox"/> Livable Home		<input type="checkbox"/> Qualified Business	
<input type="checkbox"/> Enterprise Zone (nonrefundable)		<input type="checkbox"/> Major Business		<input type="checkbox"/> Recyclable Materials	
<input type="checkbox"/> Food Crop Donation		<input type="checkbox"/> Major Research and Development		<input type="checkbox"/> Research and Development	
<input type="checkbox"/> Historic Rehabilitation		<input type="checkbox"/> Motion Picture Production		<input type="checkbox"/> Riparian Waterway Buffer	
<input type="checkbox"/> Land Preservation		<input type="checkbox"/> Neighborhood Assistance		<input type="checkbox"/> Other _____	

<b>Certificate/Transaction Number(s):</b>				
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**Section 4 - Information Authorized**

The representative(s) are authorized to request, receive, inspect, and discuss the following information for the life of the credit(s) indicated in Section 3, unless otherwise noted in Section 5.

- Acknowledgment Letter                       Credit Certificate                       LPC Balance

**Section 5 - Authorization**

This Authorization revokes all previous Authorizations received by the Department of Taxation for the credits and years or transaction numbers covered by this form. If there are any exceptions, specify to whom granted, date, and address including ZIP code on the line below. Attach copies of earlier power(s) and authorizations.

**Section 6 - Signature of Taxpayer(s)**

If a tax matter concerns both husband and wife, each must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee, on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

Signature	Title, if applicable	Date
Signature	Title, if applicable	Date