

Authorization for Release of Tax Return Information

To: Disclosure Officer

NYS Tax Department
Office of Budget and Management Analysis
Disclosure and Government Exchange
WA Harriman Campus
Albany NY 12227

Telephone number: (518) 485-8594

Fax number: (518) 485-0243

I, _____ (Print name of taxpayer) (_____ (Social security or employer identification number)) of

_____ (Address)

hereby authorize and request that the New York State Department of Taxation and Finance release information verifying the timely filing of my state income tax returns for the years _____, _____ and _____ to the following:

_____ (Print name of authorized representative/person/company)

_____ (Print firm name, if applicable)

_____ (Print address of authorized representative/person/company)

_____ (Telephone number of authorized representative/person/company)

_____ (Taxpayer signature)

() _____ (Taxpayer telephone number)

