



CONFIDENTIAL TAX INFORMATION AUTHORIZATION

The City of Tukwila's business tax information is confidential and protected from public disclosure. It cannot be shared with a third party without express permission. By completing this form, you are authorizing the City of Tukwila to share your tax information with the third party you name.

1. My information (This information will not be used to update your business record.)

Legal Entity Name _____

UBI Number _____ Phone _____

Mailing Address _____

City _____ ST _____ Zip _____ Email _____

2. Share my confidential information with the individual(s)/third party listed below.

If you are authorizing an entire company, add the words "and staff." If authorizing specific people, add additional names in the *Additional Names/Emails* section.

Individual or company name: _____

Phone _____ Email _____

Mailing Address _____

City _____ ST _____ Zip _____

Additional authorized names/emails section

Place an X in the appropriate box below

Tax information for any reporting period

Tax information for this reporting period

_____ to _____
quarter and year quarter and year

3. My signature

I declare, under penalty of perjury, that I am authorized to sign this form. I am listed as the business owner, partner, corporate officer, or LLC member or manager in official records held by Washington State, or I have attached documentation that grants me authority to sign.

Taxpayer Signature Title Date

Print name _____ City & state where signed _____

Email your completed authorization form to tax@tukwilawa.gov or send by mail to:

City of Tukwila
Finance Department
6200 Southcenter Blvd
Tukwila, WA 98188-2514