DTF-505 (6/98)

Authorization for Release of Photocopies of Tax Returns

To: Disclosure Officer
CASD
NYS Tax Department
WA Harriman Campus
Building 9, Room 381
Albany NY 12227

From:

I, _____ (_____) of
(name of taxpayer) *(social security or employer identification number)*

_____
(Address)

hereby authorize and request the New York State Department of Taxation and Finance to release a photocopy

of my _____ tax return for _____ to:
(type of tax) *(tax period)*

_____
(name of authorized representative)

of _____
(firm name, if applicable)

_____
(address of authorized representative)

_____ _____
Taxpayer signature

_____ _____
Taxpayer telephone number

State of New York
County of _____

On this _____ day of _____ , 19 _____ , before me personally appeared _____ , to me known, and known by me to be the person who executed the foregoing instrument, and (s)he acknowledged to me that (s)he executed the same.

_____
Notary Public/Commissioner of Deeds

Notary number _____

County qualified _____

Expiration date _____