



Authorization for Release of Photocopies of Tax Returns and/or Tax Information

DTF-505
(5/05)

To: Disclosure Officer
NYS Tax Department
Office of Budget and Management Analysis
Disclosure & Government Exchange
W A Harriman Campus
Albany NY 12227
Telephone number: (518) 485-8594
Fax number: (518) 485-0243

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

_____ *(Address)*

hereby authorize and request the New York State Tax Department to release a photocopy / information

of my [_____ tax return for _____] to:
(type of tax) (Tax period(s))

(The area within the brackets on the line above may be altered to suit your request for information or copies.)

INSPECTOR GENERAL, NYCHDC

(Print name of authorized representative/person/company)

NYC DOI C/O NYCHDC - ATTN: CLARE FARNEN

(Print firm name, if applicable)

110 WILLIAM STREET, 10TH FLOOR

(Print address of authorized representative/person/company)

NEW YORK, NY 10038

(Taxpayer signature)

(212) 227-8475

(Telephone number of authorized representative/person/company)

(Taxpayer telephone number)

Please note: There will be a charge of twenty-five cents per page for copies unless you are a participating member in a reciprocal agreement.

