



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.)

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

_____ *(Print firm name, if applicable)*

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

_____ *(Taxpayer signature)*

_____ *(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.

