VIRGINIA DEPARTMENT OF TAXATIO	N
AUTHORIZATION TO CONFIRM TAX STA	TUS

Tax Use Only							
File	# .						
					:		

King beren ber	adjan (ton 12	en e	
Taxpayer's name as shown on	ax return	efrigion of Son the later weath throught along one of the Service (Son Service)	Social Security Number
	s. S		
If joint return filed, spouses na	ne as shown on tax return		Social Security Number
Address shown on last tax return	n filed		Taxpayer contact information
Address line 1			Daytime phone number(s)
Address line 2			(Home)
			(Cell)
City, state, zip	· · · · · · · · · · · · · · · · · · ·		
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I authorize the Virginia I	Department of Taxation to provide inform	iation regarding tax return t	iling history for (check one)
☐ Last 10 years ☐	Last 5 years	iod listed here:	
	inia Department of Taxation to provide yment plan agreement status for (check		utstanding tax liabilities including dollar
□ Last 10 years □	Last 5 years	iod listed here:	
Name of organization authorize	ed to receive information		
Name of individual authorized	to receive information (if known)	Contact Phone Number	Contact Fax Number
Organization street address			
Organization city, state, zip			A Alexandra Marillan .
Market Company	des region disposario se		· <del>-</del>
Munt be Signature of	taxpayer	Print name	Date
presence of notary			
Notary Stamp	1.	Notary Information	
	Subscribed and sworn before me this	s day of	
	in the (City/County)	, of	
	Notary Public Signature		Date
	Notary Public Name Printed	My Commission Expires	
	÷ .		
[tti ]		have filled in the year	ired information you may fay this completed

Instructions: Please complete the information in all sections above. Once you have filled in the required information, you may fax this completed form to the attention of the Disclosure Officer at (804) 786-2806. For security purposes, illegible or incomplete forms will not be processed.

Revised 3/16/16