



## TAX WAIVER FORM

This form is a Waiver Form for the Release of District Tax Information from the Office of Tax & Revenue, Office of the District of Columbia Chief Financial Officer. Please complete, sign and upload with application.

<i>Business Name</i>		
<i>Trade Name if Different from Business Name</i>		
<i>Federal Employee Identification Number</i>		
<i>Property Address</i>	<i>Square</i>	<i>Lot</i>
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Mailing Address if Different from Property Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>

I hereby give the District of Columbia Office of Tax and Revenue ("OTR"), Office of the Chief Financial Officer, consent to release \_\_\_\_\_ tax information, to include real property tax information if applicable, to the Community Foundation for the National Capital Region ("Community Foundation"). I understand that the information released under this consent is limited to whether or not I am in compliance with the District of Columbia's tax laws and regulations as of **January 1, 2016**.

If \_\_\_\_\_ is not in compliance, I further consent that the OTR may inform the Community Foundation whether or not \_\_\_\_\_ is maintaining a payment agreement. I understand that this information is merely for the purpose of determining whether or not \_\_\_\_\_ is in compliance with the revenue laws of the **District of Columbia** and for verifying \_\_\_\_\_ business address; but does not include disclosure of \_\_\_\_\_ actual tax returns. I further understand that the information that is received from the OTR pursuant to this release will be placed in my file that is maintained by the Community Foundation and is not subject to dissemination to any individual outside of the Community Foundation.

I hereby authorize the Office of the Chief Financial Officer, Office of Tax and Revenue, access to review and research my taxes for the past three years – **tax years 2014, 2015 and 2016**.

<i>Signature of Authorized Representative</i>	<i>Date</i>
<i>Print Name of Authorized Representative</i>	<i>Title</i>

**c/o The Community Foundation for the National Capital Region**  
**1201 15<sup>th</sup> Street NW, Suite 420**  
**Washington, DC 20005**  
**202.955.5890 Main 202.955.8084 Fax**