




Seattle City Finance Confidential Tax Information Authorization Form Completion Guidelines, Rev. 08/10/2022

A signed and dated **Confidential Tax Information Authorization** form (Internally known by ADP as a POA form) is required to have a 3rd party to file and pay taxes on the taxpayer's behalf.

Employer Information:
Seattle Customer Number
UBI Number
Complete name and address
Telephone Number
Fax Number (if applicable)
E-Mail address

 **Seattle**
City Finance _____

CONFIDENTIAL TAX INFORMATION AUTHORIZATION

The Representative named on this form is authorized to receive confidential tax information from the City of Seattle License and Tax Administration. This form will be placed in the taxpayer's file.

1. Taxpayer / Business Information (please type or print)

Seattle Customer No.: _____ Telephone No.: _____
 UBI No.: _____ Fax No.: _____
 Taxpayer name(s) and address: _____ E-Mail: _____

Do not make any modifications to prefilled information

2. Representative (please type or print)

Name (including title, CPA, attorney, etc., if applicable) & address: _____ Telephone No.: 877-706-0510
 ADP Tax Services Inc., a subsidiary of ADP, Inc. Fax No.: N/A
 400 W. Covina Blvd. E-Mail: TFSAgency_CommTeam@adp.com
 San Dimas, CA 91773

3. The authority granted herein shall include such incidental acts and limited financial powers as are reasonably required to complete Payroll Expense Tax filings as described in SMC Chapter 5.38.

To acknowledge, check this box.....

Signature of Taxpayer:
Employer must print, sign, date, and provide title to the form to make it a valid document.

4. Signature of Taxpayer(s)

I certify that I am shown in official Washington state records as the owner, corporate officer, registered agent, or partner of the above business/account and that I am authorized to execute this form on behalf of the business/account for the information and periods stated above. If you are the guardian, executor, receiver, administrator, or trustee, please provide proof of your authorization.

X _____
 Print Name

X _____
 Signature Date Title

X _____
 Print Name

X _____
 Signature Date Title

Provide the completed form to your ADP representative.
ADP will forward the form to Seattle City Finance License and Tax Administration

License and Tax Administration
700 Fifth Ave., 42nd Floor | P.O. Box 34214 | Seattle, WA 98124-4214 | 206-684-8484 | seattle.gov/licenses

