

FEDERAL TAX RELEASE

This is to authorize the release to the New York City Department of Investigation information verifying the filing, and date(s) of filing, of my federal income tax returns for the years 2016, 2017, 2018, 2019, and 2020.

(Signature) SSN: _____

(Print Name) Date: _____

Former Last Name(s): _____

Current Address: _____
Street Address Apt City State Zip Code

Former Address: _____
Street Address Apt City State Zip Code

If You Filed Jointly With Your Spouse For Tax Years 2016 Through 2020	
Spouse's Name: _____	SSN: _____
Former Spouse's Name: _____	SSN: _____

<i>To be completed by the Internal Revenue Service</i>	
2016	
2017	
2018	
2019	
2020	
	_____ Verified by: (Print Name)
	_____ Signature
	_____/_____/_____ Date