

NEW YORK STATE TAX RELEASE

This is to authorize the release to the New York City Department of Investigation all information appearing on my New York State income tax returns for the years 2016, 2017, 2018, 2019, and 2020, and all information pertaining to the filing thereof, including date(s) of filing, collection and warrant information.

(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: _____

To be completed by the New York State Department of Taxation and Finance

2016

2017

2018

2019

2020

Verified by: (Print Name)

Signature

_____/_____/_____
Date