



Authorization for Release of Tax Records
City of Dayton CARES Act Small Business
Capital Grant Program

If taxes are filed as a Sole Proprietor:

Individual Name	Social Security #
Individual Address	

If taxes are filed as a LLC:

Individual Name	Federal Tax ID #
Individual Address	

If taxes are filed with as a Corporation or Partnership:

Company Name	Federal Tax ID #
Company Address	

I, _____, as an authorized representative of the company or individual identified above, authorize that the tax status of said company/individual held by the City of Dayton Division of Revenue and Taxation be released as set forth below:

1. Such tax status (delinquent or paid in full) shall only be released to the Department of Planning and Community Development for the purposes of determining the company's/individual's eligibility for participation in the Dayton CARES Act Small Business Capital Grant Program.
2. Company has the right to revoke this authorization at any time by notifying the City of Dayton Division of Revenue and Taxation in writing of its revocation; however, said revocation may cause the company/individual to be ineligible to receive grant funds.
3. I understand that signing this authorization is voluntary.
4. Information disclosed under this authorization may not be disseminated by the recipient.

Company Name

Signature

Printed Name

Title

Date