



CITY OF EVERETT

BUSINESS TAX DIVISION

TAX AUTHORIZATION FORM

ACCOUNT INFORMATION

LEGAL ENTITY NAME	EVERETT BUSINESS ACCOUNT NUMBER
BUSINESS EMAIL ADDRESS	WASHINGTON STATE UBI NUMBER

As the business owner, partner, corporate officer, LLC member, or manager in official records held by Washington State, I hereby authorize the tax preparer listed below to perform the following function(s) with the City of Everett on my behalf:

- Business license renewal
- Tax account maintenance
  - *Change/Update information (i.e. mailing address)*
  - *Request balance information*
  - *Request tax and license records*

NAME OF GOVERNING PERSON ON RECORD (please print)	DATE
SIGNATURE OF GOVERNING PERSON	EMAIL ADDRESS
TITLE (please print)	TELEPHONE NUMBER
<b>TAX PREPARER INFORMATION</b>	
NAME OF TAX PREPARER (please print)	EMAIL ADDRESS
ADDRESS (street, city, state, zip code)	TELEPHONE NUMBER

This form can be submitted by email or mailed using address below. A confirmation email will be sent to you and your tax preparer.

If you have any questions or need assistance with completing this form, email [businessstax@everettwa.gov](mailto:businessstax@everettwa.gov).

City of Everett  
Business Tax Division  
2930 Wetmore, Suite 1-A  
Everett, WA 98201