



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 individual or organization 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

AUTHORIZED INDIVIDUAL OR ENTITY INFORMATION

NAME OF AUTHORIZED INDIVIDUAL OR ORGANIZATION (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 authorized third party.

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