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 2018, 2019, 2020, 2021, and and 2022, and all information pertaining to the filing thereof, including date(s) of filing, collection and warrant information.

		_	SSN:		
(Signature)			, , , , , , , , , , , , , , , , , , , ,		
Print Name)		_ [Oate:		
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	s):				
Current Address: _	Street Address	Apt	City	State	Zip Code
		7.41	J.,	o.u.o	p
Former Address:	Street Address	Apt	City	State	Zip Code
	0.10017.1001000	7.41	City	o.u.o	p
If Yo	u Filed Jointly With	Your Spouse F	or Tax Years 201	8 Through 2022	2
Spouse's Name: _			SSN:		
Former Spouse's N		SSN:			
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To be	completed by the Ne	w York State D	epartment of Tax	ation and Final	<u>nce</u>
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2018			_		
2019					
2020					
2021					
2022					
			_		
			Verified by: (P	rint Name)	
			Signature		
				1 1	
			Date		