

DRAFT FORM — NOT FOR FILING

This draft form has been updated to include the most recent changes effective for Tax Year 2026 Virginia returns. If legislative changes or issues arise, we will post a new version of this draft form.

Please continue to monitor tax.virginia.gov/early-release-forms for future drafts of this form. Once forms are final, we will post them on our website at tax.virginia.gov/forms.

**VA Department of Taxation
Tax Credit Unit
P.O. Box 715
Richmond, VA 23218-0715**

Fax to: (804) 774-3902
Call: (804) 786-2992
for assistance

Pass-Through Entity Name	FEIN	Credit Amount	Taxable Year(s) for Which This Designation is Being Made
Taxpayer Address	Daytime Phone Number	Taxpayer Email	

Hereby authorizes the following representative:

A pass-through tax entity, such as a partnership, limited liability company, or electing small business corporation (S corporation), may appoint a tax matters representative, who is a general partner, member-manager, or shareholder, and register that representative with the Tax Commissioner. The Tax Commissioner will deal with the tax matters representative as representative of the taxpayers to whom Agricultural Best Management Practices Tax Credits have been allocated. In the event a pass-through tax entity allocates Agricultural Best Management Practices Tax Credits to its partners, members, or shareholders and the allocated credits are disallowed, in whole or in part, such that an assessment of additional tax against a taxpayer will be made, the Tax Commissioner will first make written demand for payment of any additional tax, together with interest and penalties, from the tax matters representative. In the event payment is not made, the Tax Commissioner will proceed to collection against the taxpayers.

Name and Address ☐ General Partner ☐ Member Manager ☐ Shareholder	Phone Number	
	Fax Number	
	Email	
TMR Signature	Print Name	Date

Authorization - This Authorization revokes all previous Authorizations received by the Department of Taxation for a Tax Matters Representative for this credit.

Signature - As an authorized representative of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

Authorized Pass-Through Entity Signature		Title	Date
Print Name	Phone Number	Email Address	