

# Tax Information Disclosure Authorization

## Taxpayer Information

Name:

Social Security Number (SSN or Tax ID):

Address:

## Party Authorized to Receive Tax Information

Name:

Relationship to Taxpayer:

Address:

## Type of Tax Information to Disclose

- Income Tax
- Property Tax
- Other (Specify below)

## Period Covered

Tax Year(s):

## Authorization

By signing below, I authorize the above-named party to receive the tax information identified above for the specified tax period(s).

Taxpayer Signature:

Date: