

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:

Submit