

Release of Confidential Tax Information Form

Taxpayer Information

Full Name:

Social Security Number or Tax ID:

Address:

Phone Number:

Recipient Information

Name of Individual/Organization:

Address:

Information to be Released

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Tax Returns

☐

Account Statements

☐

Other (specify below):

Duration of Authorization

From:

To:

Authorization

☐

I authorize the release of my confidential tax information as specified above.

Signature:

Date:

Submit