

Authorization to Disclose Tax Files

Date:

Taxpayer Information

Full Name:

Address:

Social Security Number / Tax ID:

Tax Year(s):

Recipient Information

Authorized Recipient (Individual or Entity):

Relationship to Taxpayer:

Purpose of Disclosure:

Authorization

I hereby authorize the disclosure and release of my tax files and records as specified above to the recipient named in this document.

I agree to the disclosure terms stated above.

Signature:

Date: