

# 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: