

Authorization to Disclose Tax Data

I hereby authorize the following individual or entity to receive my tax data:

Name of Authorized Person/Entity:

Relationship to Taxpayer:

Tax Year(s) to Disclose:

Specific Information to Disclose:

Purpose of Disclosure:

Taxpayer Name:

Taxpayer Signature:

Date Signed:

I understand that this authorization is voluntary and I may revoke it at any time by submitting a written notice.