

Permission for Tax Information Release

I hereby authorize the release of my tax information as indicated below:

Full Name:

Social Security Number (SSN):

Tax Year(s) to Release:

Release To (Name/Organization):

Purpose of Release:

Recipient Address:

Recipient Phone Number:

I understand that by signing this form, I am permitting the release of my tax information to the party indicated above for the stated purpose.

Signature:

Date: