Tax Return Information Release Authorization

| Taxpayer Name |
|--|
| |
| Taxpayer SSN/ITIN |
| |
| |
| Address |
| |
| |
| Recipient/Third Party Name |
| |
| Recipient Address |
| |
| |
| Tax Return Information to be Released |
| Tax Return information to be Released |
| |
| Tay Vasy(a) / Daviad(a) Cayarad |
| Tax Year(s) / Period(s) Covered |
| |
| |
| Purpose of Disclosure |
| |
| |
| |
| Authorization Expiration Date or Event |
| |
| |
| Taxpayer Signature |
| |
| Date |
| |
| |
| Spouse Signature (if joint return) |
| |
| |

| | Date | | | | | | |
|--|------|--|--|--|--|--|--|
| | | | | | | | |

Authorization may be revoked at any time by written notice to the preparer/firm.