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## **Authorization to Release Information**

Please accept this signed document as authorization for you to provide the following information to the party listed below. This form is required pursuant to Rev Proc 2008-35 per the Internal Revenue Service.

Please provide		Tax Return copy for tax	year	
Forward via:		Copy of W-2 for tax year		
		Other:		
		Fax		
•		Email		
		Mail:		71.51.21
Forward to:		Name:		
		Address:		
				Zip:
		Contact Name:		Phone:
your consent, your tax return. If you c	es this tax ret	consent form be provided to y urn information to third partie	s for purposes other t	ed by law, we cannot disclose, without han the preparation and filing of your deral law may not protect your tax
You are not require your consent, you c	d to co	omplete this form. If we obtait will not be valid. If you agrenount of time that you specify.	e to the disclosure of	his form by conditioning our services on your tax return information, your ty the duration of your consent, your
or without your per	missio		ry Inspector General	perly in a manner unauthorized by law for Tax Administration (TIGTA)by
Personal Signate	ire fo	r Release of Data	Date	e
Ry signing I stat	e that	t I am authorized to grant	the above inform	ation release