

AUTHORIZATION TO RELEASE TAX RETURNS OR OTHER INFORMATION TO THIRD PARTIES

(Please Print)

I _____ (taxpayer) do hereby authorize *COLLINS & ASSOCIATES, ACCOUNTING AND TAX SERVICES* the timely release of:

- Tax Return for a specific year(s) _____.
- Tax Return for current and future years starting _____ and ending _____.
- Partial return, forms, schedules, or working papers, including _____.
- Other confidential information _____.

To:

- Bank or Lending Institution _____
- Law Firm/Attorney _____
- Trustee, Administrator, Guardian _____
- Insurance Company/Agent _____
- Relative or other _____

Person receiving information: _____

Delivery Method:

- Mail: Mailing address _____
 - Pick up at Collins & Associates, 3352 Dean Road, Lambertville, MI 48144
 - Secure File Exchange: Provide Email _____
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Signature of Taxpayer _____ Date _____

Last 4 digits of your Social Security Number _____

Taxpayer's Phone Number _____

** This is a service that is provided and because of the time and liability we incurred providing this service, there may be a fee charged (based on amount of data released).*