REQUEST FOR RELEASE OF RECORDS

Taxpayer Name and Address	Taxpayer identification number(s)
	Telephone Number:
	Email:
Release information to the follow	ving designee(s)
Name & Address	PTIN:
	Telephone Number:
	Email:
All copies and correspondences v	will be sent to the designee and taxpayer.
Name & Address	PTIN:
	Telephone Number:
	Email:
All copies and correspondences v	will be sent to the designee and taxpayer.
Tax records to be released:	
Tax Years	Specific Tax Matters
certifies that they have legal authority to exe tax periods mentioned above. Any prior auth	tor, or administrator other than the taxpayer) ecute this form with respect to the tax matters and horization will be void by signing below. Donna's for the use of the documents once release. If this rned.
Signature	Date
Print Name	Title (if applicable)