AUTHORIZATION TO RELEASE INFORMATION

Client Authorization for Disclosure of Tax and Financial Information

1. CLIENT INFORMATION

Full Legal Name

Street Address

City | State | ZIP Code

Tax ID (SSN/EIN) | Phone

2. THIRD-PARTY RECIPIENT

Name / Organization

Phone | Email

Address

Last 4 of SSN (verification)

3. INFORMATION AUTHORIZED FOR RELEASE

Describe the records, tax years, returns, financial information, or other information that may be shared.

Tax Year(s) / Period(s), if applicable

4. AUTHORIZATION

I authorize Rangeview Tax & Accounting and its authorized representatives to disclose the information identified above to the third party named in this authorization. This authorization is limited to the information and recipient identified above and does not authorize further disclosure by Rangeview Tax & Accounting.

I understand that I may rescind or revoke this authorization at any time by providing written notice to Rangeview Tax & Accounting. Revocation will apply prospectively and will not affect information already released in reliance on this authorization.

Authorization Expiration (optional) If blank, effective until revoked.

5. CLIENT SIGNATURE

Client Signature | Date

Printed Name