

# Third-Party Authorization Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], of [Your Address], hereby authorize [Authorized Person's Name] of [Authorized Person's Address] to act on my behalf in all matters concerning my tax filings with the [Tax Authority Name].

This authorization includes, but is not limited to, the ability to obtain information, discuss my tax obligations, and file necessary documents for tax years [Insert Tax Years].

This authorization is valid until [Insert Expiration Date] or until revoked in writing by me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Social Security Number or Tax ID if required]