

Tax Document Access Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], am the legal guardian of the following dependents:

- [Dependent's Name 1]
- [Dependent's Name 2]
- [Dependent's Name 3]

During the tax year [Insert Tax Year], I authorize [Authorized Person's Name], who resides at [Authorized Person's Address], to access my tax documents related to my dependents listed above.

This authorization is given voluntarily and may be revoked at any time in writing by me. This will remain in effect until the end of the tax year or until I provide written notice of revocation.

Thank you for your attention to this matter. If you have any questions, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Full Name]

[Your Signature (if sending a hard copy)]