

Tax Document Access Authorization

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I, [Your Name], hereby authorize [Authorized Person's Name] to access my tax documents and discuss my tax information with the [Tax Authority Name]. This authorization is effective immediately and will remain in effect until [End Date or "revoked in writing"].

The details of my authorization are as follows:

- Taxpayer Identification Number: [Your TIN]
- Year(s) for which access is granted: [Insert Year(s)]

[Authorized Person's Name] may obtain all necessary information regarding my tax records and correspond with the tax authorities on my behalf.

Should you require any further information or verification, please feel free to contact me at the phone number or email address provided above.

Thank you for your cooperation.

Sincerely,

[Your Signature]

[Your Printed Name]