

Tax Document Access Authorization Letter

Date: [Insert Date]

[Your Name]

[Your Title]

[Nonprofit Organization Name]

[Organization Address]

[City, State, Zip Code]

To Whom It May Concern,

This letter is to authorize [Authorized Individual's Name] to access and obtain any and all tax documents on behalf of [Nonprofit Organization Name], located at [Organization Address]. This authorization includes but is not limited to tax returns, forms, and any related documents.

We trust that [Authorized Individual's Name] will handle this matter with the utmost integrity and confidentiality. This authorization will remain in effect until revoked in writing by [Your Name] or designated representative.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Name]

[Your Title]

[Nonprofit Organization Name]

[Contact Information]