

Taxpayer Representation Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], hereby authorize [Representative's Full Name] of [Representative's Firm/Company Name] to represent me in my tax dispute with the [Tax Authority Name], regarding the tax year(s) [Insert Tax Year(s)].

This authorization includes the right to receive and review information regarding my tax matters, to correspond with the [Tax Authority Name], and to take necessary actions on my behalf concerning this dispute.

My taxpayer identification number is: [Insert TIN/Social Security Number].

Should you have any questions, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Address]