

## **AUTHORIZATION TO RELEASE TAX DOCUMENTS**

I authorize Tax Advantage to release the following information to \_\_\_\_\_,  
either by fax, telephone, mail or e-mail:

Form (s): \_\_\_\_\_

Tax Year(s): \_\_\_\_\_

I understand that this authorization is effective when signed by me and will remain in effect for one (1) year, unless I specify a set period of time below or file a written revocation of this authorization with Tax Advantage.

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for Record Release Request: \_\_\_\_\_

Name/Location of New Service Provider (If Applicable) \_\_\_\_\_

\_\_\_\_\_

Please return completed form and copy of drivers license to:

Email: [taxadvantage@taxadvantage.org](mailto:taxadvantage@taxadvantage.org)

Or Mail: 1201 3<sup>rd</sup> Street North, Jacksonville Beach, Florida, 32250

or fax: (904) 241-0752