

# Deceased Taxpayer Representative Disclosure Consent Form

Use this form to authorize the disclosure of tax information of a deceased taxpayer to an authorized representative. This form is designed to be printed and filled out.

## Section 1: Deceased Taxpayer Information

Full Name of Deceased Taxpayer:

Social Security Number (SSN) or ITIN:

Date of Death (MM/DD/YYYY):

Last Known Address:

## Section 2: Representative Information

Full Name of Representative:

Relationship to Deceased (e.g., Executor, Administrator, Surviving Spouse, Heir):

Mailing Address of Representative:

Phone Number:

Email Address:

## Section 3: Authority and Consent

By signing below, the representative certifies that they have the legal authority to request and receive confidential tax information for the deceased taxpayer. Please attach legal documentation (e.g., Letters Testamentary, Letters of Administration, or Court Order) proving your authority.

Type of Attached Authority Documentation:

## Section 4: Signature of Representative (To be signed by hand after printing)

I certify under penalty of perjury that I am authorized to receive this information on behalf of the deceased taxpayer.

Printed Name of Representative:

Signature (Sign on printed hardcopy):

Date (MM/DD/YYYY):