

# TAX INFORMATION AUTHORIZATION FORM

Use this form to authorize an individual, corporation, firm, organization, or partnership to inspect and/or receive your confidential tax information. This form is designed for printing and manual completion or physical signature.

## 1. Taxpayer Information

Taxpayer Name:  Taxpayer Identification Number (SSN/ITIN/EIN):   
Street Address:   
City, State, and ZIP Code:   
Daytime Telephone Number:  Email Address:

## 2. Appointee (Representative) Information

Appointee Name:  CAF Number (if applicable):   
Organization Name:   
Street Address:   
City, State, and ZIP Code:   
Telephone Number:  Fax Number:

## 3. Tax Matters Authorized

Specify the tax matters and years/periods for which this authorization is granted.

Type of Tax (Income, Employment, Excise, etc.)	Tax Form Number (1040, 941, 1120, etc.)	Year(s) or Period(s) (e.g., 2021-2023, Q1 2024)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 4. Consent and Signature

I certify that I have the authority to execute this tax information authorization on behalf of the taxpayer. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form.

Signature of Taxpayer (or authorized representative):  Sign physically after printing Date Signed:  MM/DD/YYYY  
Printed Name of Signer:  Title (if corporate officer, partner, executor, etc.):