

Joint Filing Taxpayer Disclosure Authorization

Use this form to authorize the disclosure of joint tax return information to a designated third party. Both taxpayers must sign and date this authorization.

1. Primary Taxpayer Information

Full Name:
SSN or ITIN:
Street Address:
City, State, Zip:
Phone Number:

2. Secondary Taxpayer (Spouse) Information

Full Name:
SSN or ITIN:
Street Address (if different):
City, State, Zip:
Phone Number:

3. Authorized Third-Party Recipient

Recipient Name:
Organization/Company Name:
Street Address:
City, State, Zip:
Phone Number:
Email Address:

4. Tax Matters and Specific Years Authorized

Tax Year(s) (e.g., 2021, 2022, 2023):
Specific Tax Form Numbers (e.g., 1040, 1040-SR):
Purpose of Disclosure (e.g., Mortgage, Loan):

5. Signatures and Authorization

By signing below, we authorize the disclosure of our joint tax return information for the specified years to the designated third-party recipient listed above. This authorization remains valid unless revoked in writing.

Primary Taxpayer Signature: _____ Date:

Secondary Taxpayer Signature: _____ Date: