



# E. P. Tremblay and Associates, Inc.

## Authorization for release of tax information to a third party

I hereby authorize E. P. Tremblay to send a copy of

- Client's federal tax return
- Client's state tax returns
- Client's W-2 forms
- Specific client tax forms \_\_\_\_\_

for the tax year(s) \_\_\_\_\_,

TO

Recipient's name \_\_\_\_\_

Recipient's phone number \_\_\_\_\_

- By fax,  
Recipient's fax number: \_\_\_\_\_
- By e-mail,  
Recipient's email address: \_\_\_\_\_
- By mail,  
Recipient's street address \_\_\_\_\_  
Recipient's city, state, zip \_\_\_\_\_  
Express mail service requested: \_\_\_\_\_

Client's signature \_\_\_\_\_

Client's name \_\_\_\_\_

Client's social security number \_\_\_\_\_

Client's date of birth \_\_\_\_\_

If applicable,

Authorized agent's signature \_\_\_\_\_

Authorized agent's printed name \_\_\_\_\_

Authorized agent's telephone \_\_\_\_\_

Authorized agent's relationship to client, proof of authorization required:

- Authorized legal counsel
- Authorized financial agent
- Legal guardian
- Executor of client's estate