

AUTHORIZATION TO RELEASE TAX RETURNS OR OTHER INFORMATION TO THIRD PARTIES

(Please Print)

I _____, title _____
Company name (if applicable) _____

DO HEREBY authorize FREEDOM TAX SERVICE, INC.

THE TIMELY release (deliver, FAX, mail or otherwise relay) of:

- Tax Return for a specific year(s) _____.
- Tax Return for current and future years starting _____.
- Partial return, forms, schedules, or working papers.
- Unaudited statements.
- Other confidential information. _____.

TO

- Bank or Lending Institution _____
- Law Firm/Attorney _____
- Trustee, Administrator, Guardian _____
- Insurance Company/Agent _____
- Relative or other _____

Person receiving info: _____

Mailing address or FAX #: _____

Your Signature _____ Date _____

Last 4 digits of your Social Security number _____

FREEDOM TAX SERVICE, INC.

700 Sunset Lane, Culpeper, Virginia 22701

Phone: (540) 825-5222 Fax: (540) 825-4222

Identity theft is rampant. It is imperative that information on financial data be protected. Because of the times we live in, Freedom Tax Service has instituted a new policy. We must be diligent in our efforts to secure financial information.

The attached authorization will be valid for **CURRENT CLIENTS**. Because of the obvious security concerns and the Gramm-Leach Bliley Act Freedom Tax Service, Inc. will only release tax information **IF** this authorization is properly signed and filled out.

This is a service that is provided and because of the time and liability we incurred providing this service, there will be a fee charged (based on amount of data released).

Thank you.

Sincerely,

Jessica I Weimer

Vice President