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**CLIENT AUTHORIZATION TO RELEASE FINANCIAL INFORMATION**

**The policy of Boring and Associates, CPA is to only release information to the appropriate parties. This form authorizes the release and sharing of personal and financial information which may include but is not limited to: current and prior years’ tax returns and supporting documents associated with those tax returns, as well as personal information such as name, birth date, social security number, address, phone number, family members, and email addresses.**

**As an alternative to you signing this release form to have our firm provide the requested information directly to the third party, you may request that we simply send you the information needed, either as paper copies or electronic pdf files, so that you can forward it to the third party of your choice. However, if you want us to engage in discussions with the third party, we will need this release form signed by the related parties. There will be a small fee associated with sending information to all parties.**

1. **THIRD PARTY AUTHORIZATION**

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| Name of Person(s) |  |  |  | Name of Person(s) |  |  |
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| Name of business or firm (if applicable) |  | Name of business or firm (if applicable) |
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|   |   |   |   |  |   |   |   |   |
| Street Address or PO box |  |  | Street Address or PO box |  |
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| City, State, Zip |  |  |  | City, State, Zip |  |  |
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| Phone Number |  | Fax Number |  | Phone Number |  | Fax Number |
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1. **EMAIL ADDRESS AUTHORIZATION TO RELEASE pdf FILES – We suggest that you use your email address**

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| E-mail Address |  |  | E-mail Address |  |

1. **AUTHORIZED SIGNATURES**

**I/We hereby acknowledge our understanding that this release remains in effect until it is withdrawn or replaced by me/us, that it is my/our responsibility to notify Boring & Associates, CPA of any changes concerning this release, and that it replaces all prior releases signed by me/us in their entirety. For security purposes please provide us with a password that we can verify when emailing documents and when person(s) call in requesting information. NOTE: If filing joint returns, all parties must sign below and provide separate passwords.**

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| Taxpayer Signature |  |  |  |  | Date  |  Password |  | Spouse Signature |  |  |  |  | Date |  Password |
|   |   |   |   |  |   |   |  |   |   |   |   |  |  |   |
| Taxpayer Printed Name |  |  |  | Taxpayer Social Security # |  | Spouse Printed Name |  |  |  | Spouse Social Security # |
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