

**AUTHORIZATION TO RELEASE INCOME TAX RETURN
INFORMATION**

The undersigned authorizes a limited release of confidentiality of his/her tax files and information with _____, and authorizes the firm to provide the previous _____ year(s) of tax information to MLB Tax & Accounting, LLC or its agents.

MLB Tax and Accounting, LLC is authorized to keep copies of the tax information as part of their services in tax preparation for the undersigned. This release may be revoked in writing.

Taxpayer Name: _____

Taxpayer Signature: _____

Spouse Name: _____

Spouse Signature: _____

Date: _____