



Authorization for Release of Confidential Information

I (please print) _____,

Authorize Breunig CPA LLC to release the following information:

To (name and title of person(s) to which disclosure is to be made):

For the following purposes:

I, the above listed individual, hereby authorize Breunig CPA LLC to release information from my tax record to the individual(s) named above and for the reasons specified. I acknowledge by my signature that I understand that although I am not required to release my information, I am giving my consent to do so. Additionally, I understand that I may revoke this authorization in writing at any time, except for that information which has already been released with consent and prior to my revocation.

Taxpayer Signature: _____ Date: _____

Spouse Signature: _____ Date: _____