

## **Client Authorization To Release Information**

Date:	
Release Information Designated Below To The Follo	owing Third-Party:
Third-Party Name:	Attn.:
Address:	E-Mail:
Phone #:	Fax #:
signing, I understand that my information will authorizing SKMB, P.A.'s permission to answ authorized to be released. I understand that I is	following information to the above referenced Third-Party. By be sent via mail, e-mail and/or fax. Also, if needed, I am er questions of the Third-Party about the information I have may be obligated to compensate SKMB, P.A. for all time expended res related to the release of this requested information.
	copy form. This authorization is to remain effective until such time, an update or change to this form. SKMB, P.A. reserves the right to elease of information to any Third Party.
Designation of Information To Be Released	(Please check all that apply):
Corporate Income Tax Return – Year(s) En Financial Statements – Year(s) Ending Payroll Return(s) for Workman's Comp Au	nding
signer/owner/or other authorized representativ	the authority to execute this form and am a currently authorized by for the below named individual/entity and that I agree to delated to improper release of any information in regards to this
Authorizing Signature:	Spouse Signature:
Company (if applicable):	
Print Name(s) and Title as it appears on docum	ment (if applicable):
Date:	

## Confidential – For Internal SKMB, P.A. Use Only

IRS CIRCULAR 230 DISCLOUSE

To ensure compliance with requirements imposed by the IRS, please be advised that any tax advise contained in this communication (including any attachments) was not intended or written by practitioner to be used, and cannot be used, for the purposes of (1) avoiding penalties under the Internal Revenue Code or (2) promoting, marketing, or recommending to another party any transaction or matter addressed herein.