



TAX RETURN REQUEST AUTHORIZATION FORM

This form documents taxpayer's consent to release copies of current or prior year's tax returns

We take the privacy and security of your personal information very seriously. You can be assured that your information will always remain confidential, safe and secure. Use this form for all Federal and State tax returns prepared by Mark Cross Tax Services, Inc. Thank you.

Primary SSN or EIN for Requested Returns: _____

Customer's Name or Business Name (as filed): _____

(Secondary filers for Married Filing Joint may request a copy, but the primary SSN is needed to locate the return.)

Year of income tax return requested: _____, _____, _____, _____, _____
(\$ 15 per copy, per year retrieval fee)

Tax return requested ending quarter: _____, _____, _____, _____, _____
(\$ 10 per copy, per quarter retrieval fee)

Other tax return requested (please describe): _____
(\$ 10 per copy, per year retrieval fee)

Print and Mail a copy/ies of the return/s to the following address:

_____ City _____ State ____ Zip _____

Email a copy/ies of the return/s to: _____

Fax a copy/ies of the return/s to the Attention of: _____ Fax# _____

Release a copy/ies of the return/s to _____/Name of Individual Other than Taxpayer/

I authorize Mark Cross Tax Services, Inc to release a copy of the tax return(s) indicated above.

The form must be accompanied by a copy of picture ID.

Requesting person signature

Date (mm/dd/yy)

Printed Name and Title

Phone Number