



# Schwartz & Schwartz, P.C.

CPAs Specializing in Healthcare Professionals

## Authorization to Release Tax Information

### SECTION 1:

I \_\_\_\_\_ authorize \_\_\_\_\_  
Please print name Accountant

and Schwartz & Schwartz, PC to release the following information:

### SECTION 2:

Please indicate below which documents you would like sent, along with the name of the institution and contact you would like them sent to. Please also provide for what purpose these documents are required and what you authorize the institution to use them for.

- Tax Returns for years \_\_\_\_\_
- W-2s for years \_\_\_\_\_
- Other \_\_\_\_\_

Send this information to:

Name of Institution/  
Recipient \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Contact name \_\_\_\_\_

Contact phone number \_\_\_\_\_

Contact fax number \_\_\_\_\_

Contact E-Mail Address \_\_\_\_\_

Purpose of This Request \_\_\_\_\_





# Schwartz & Schwartz, P.C.

*CPAs Specializing in Healthcare Professionals*

---

## **SECTION 3:**

I understand that this information was previously provided to me upon completion of my tax returns. The fee schedule for this additional service is as follows:

|  |      |
|--|------|
| Mail copies of tax returns                                   | \$25 |
| Fax copies of your W-2s                                      | \$15 |
| Prepare letter for mortgage company                          | \$50 |
| RUSH: Letter for mortgage company<br>with one day turnaround | \$95 |

## **PAYMENT:**

Payment must be received before your request is processed.

Fees are payable by check or online via Paypal at:

<http://www.schwartzaccountants.com/payment.html>

## **SIGNATURE:**

Signed \_\_\_\_\_

Date \_\_\_\_\_



[www.schwartzaccountants.com](http://www.schwartzaccountants.com)

Schwartz & Schwartz, P.C.  
8 Cedar Street - Suite 54  
Woburn, MA 01801-6362  
(800) 471-0045  
fax (800) 547-3366  
[admin@schwartzaccountants.com](mailto:admin@schwartzaccountants.com)