



PO BOX 757 – 12855 LAKE BLVD
LINDSTROM, MN 55045
PHONE: 651.257.2152 FAX: 651.257.4236

Authorization To Release Information To Third Party

Individuals Information:

Name(s): _____
Address: _____
First Individual's Social Security #: _____ DOB: _____
Second Individual's Social Security #: _____ DOB: _____
Phone Number(s): _____

Information Requested To Be Disclosed To Third Party:

Tax Return for Years: _____
Other: _____

Third Party's Information:

Name of Third Party: _____
Email Address of Third Party: _____
Phone # of Third Party: _____
Fax # of Third Party: _____
Mailing Address of Third Party: _____

I hereby certify that I/we are the individuals named above as subject of these records. I understand that the knowing and willful request for, or acquisition, of a record pertaining to an individual under false pretenses is a criminal offense. I hereby authorize Lindgren & Associates to disclose the information in my records that I have listed above to the Third Party listed above:

Signature – Individual # 1

Signature – Individual # 2

Fax request to (651) 257-4236.

Please note the following charges apply:

Faxed, Printed, or Mailed Tax Return with W-2:	\$10.00
Emailed, Faxed, Printed, or Mailed Tax Return with all supporting documentation:	\$20.00
Emailed Tax Return Only with W-2 (if necessary):	No Charge