

TAX RETURN REQUEST AUTHORIZATION FORM

This form documents taxpayers consent to release copies of current or prior years tax returns*

This form can be used for the following types of returns: (complete one form for each SSN or EIN)

- Federal Returns* prepared at any STE Corporation location
- State Returns* prepared at any STE Corporation location

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: _____, _____, _____, _____, _____
(\$10 per copy, per year retrieval fee)

Tax return requested ending quarter: _____, _____, _____, _____, _____
(\$ 5 per copy, per qtr 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 address:
_____ City _____ State ____ Zip _____

Email a copy/ies of the return/s to the email address _____

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 STE Corporation 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

* Tax returns -all returns including, but not limited to income, employment tax returns etc.