THE OLD TAX HOUSE

TAXPAYER AUTHORIZATION & LIMITED DOCUMENT PICKUP

PURSUANT TO IRC § 7216 & TREAS. REG. § 301.7216-3 • SINGLE PICKUP ONLY

Federal Disclosure Notice: Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation of your return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution. You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of execution.

SECTION 1: TAXPAYER IDENTIFICATION & VERBAL VERIFICATION

Taxpayer Full Name: _____ **Last 4 of SSN/ITIN:** XXX-XX-_____

Phone (for verbal check): _____ **Alternate Phone:** _____

SECTION 2: TAX RETURN AUTHORIZED FOR RELEASE

Authorized Tax Return(s): ☐ Most Recent Tax Return ☐ Prior Tax Year(s): _____ ☐ Specific Filing Year: _____

SECTION 3: DESIGNATED PICKUP PERSON

Authorized Person Legal Name: _____ **Relationship:** _____

SECTION 4: TAXPAYER AUTHORIZATION & ACKNOWLEDGMENT

I authorize **The Old Tax House** to release only the completed tax return documentation specified in Section 2 to the designated individual named in Section 3 for pickup and transportation. This authorization does not permit that individual to discuss my tax matters, request other records, or make changes to my return. I understand that The Old Tax House will also call me at my verified phone number on file to confirm my identity prior to release. The designated individual must present a valid government-issued photo ID upon retrieval. This consent is voluntary and shall remain valid for **60 days** from the signature date below, unless revoked by me earlier in writing.

_____ _____

Taxpayer Signature **Date Signed (MM/DD/YYYY)**

FOR OFFICE USE ONLY — IDENTITY VERIFICATION & RELEASE LOG **DUAL-FACTOR AUTHENTICATION REQUIRED**

☐ **Signed Form Reviewed** ☐ **Restricted-Access Flags Checked** ☐ **Exact Recipient & Return Verbally Confirmed**

Phone Verification Date/Time: _____ **Call Verified By:** _____

Photo ID Presented: ☐ Driver's License ☐ State ID ☐ U.S. Passport ☐ Other: _____

Last 4 Digits of ID: _____ **ID Expiration Date:** _____

_____ _____ _____

Signature of Person Receiving Records **Release Date** **Time (AM/PM)**

Staff Security Directive: Do NOT release documents if verbal telephone confirmation cannot be completed, if consent is hesitant, or if any indication of divorce, coercion, incapacity, or family dispute arises. Escalate immediately to management.