

AUTHORIZATION TO RELEASE TAX RETURNS OR OTHER INFORMATION TO THIRD PARTIES

(Please Print)

I _____, title _____

Company name (if applicable) _____

DO HEREBY authorize LINDENBUSCH ACCTG & TAX SERVICE, INC.

THE TIMELY release (deliver, FAX, mail or otherwise relay) of:

- Tax Return for a specific year(s) _____.
- Tax Return for current and future years starting _____.
- Partial return, forms, schedules, or working papers.
- Unaudited statements.
- Other confidential information. _____.

TO

- Bank or Lending Institution _____
- Law Firm/Attorney _____
- Trustee, Administrator, Guardian _____
- Insurance Company/Agent _____
- Relative or other _____


Person receiving info: _____

Mailing address or FAX #: _____

.....

Your Signature _____ Date _____

Last 4 digits of your Social Security number _____



LINDENBUSCH
ACCOUNTING & TAX SERVICE, INC.
2121 PEA RIDGE ROAD
CENTERTOWN, MISSOURI 65023
PHONE: (573) 584-3554 FAX: (573) 584-3710

Identity theft is rampant. It is imperative that information on financial data be protected. Because the times we live in, Dee and I have instituted a new policy. We must be diligent in our efforts to secure financial information.

The attached authorization will be valid for CURRENT CLIENTS. Because of the obvious security concerns and the Gramm-Leach Bliley Act Lindenbusch Accounting and Tax Service, Inc. will only release tax information IF this authorization is properly signed and filled out.

This is a service that is provided and because of the time and liability we incurred providing this service, there will be a fee charged (based on amount of data released).

Thank you.

Sincerely,

Barry P. Lindenbusch
President