



AUTHORIZATION TO RELEASE INFORMATION TO THIRD PARTIES

Dakotaland Financial Services, LLC will only release tax information if this authorization is complete, including signature, date and last four of social security number (or EIN). This form is only good for the date requested.

(Please Print)

Name: _____

Company Name (if applicable): _____ Title: _____

I am requesting:

Tax Return Form(s) for tax year(s): _____

Other Information (please list): _____

Release Information to: _____

(Person/Company receiving information)

MAIL: _____

FAX: _____

E-MAIL: _____

I am authorizing Dakotaland Financial Services, LLC to release above specified Information, in a timely manner, based on the information listed above.

SIGNATURE: _____ DATE: _____

LAST 4 OF YOUR SOCIAL SECURITY NUMBER: _____