

TO: Soloway Agency
ADDRESS: 4667 Nesconset Highway
CITY/ST/ZIP: Port Jefferson Station, NY 11776
TELEPHONE: 631-473-5759
FAX NUMBER: 631-476-1017

LETTER OF AUTHORIZATION

I, THE UNDERSIGNED TAXPAYER (OR LEGAL REPRESENTATIVE) WOULD LIKE TO REQUEST THE FOLLOWING TAX INFORMATION (DESCRIPTION OF THE RECORDS REQUESTED, INCLUDING APPLICABLE YEAR):

I WOULD LIKE THE COPIES OF MY TAX INFORMATION MAILED/FAXED TO THE FOLLOWING ADDRESS/FAX NUMBER:

NAME: _____

ADDRESS: _____

CITY/ST/ZIP: _____

FAX NUMBER: _____

EMAIL: _____

Signature

Date

Printed Name