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Complete this form to consent to the release of confidential information about your tax return and/or other financial information to the representative named below, or to cancel consent for an existing representative. Send this completed form to Beth A. Kayser, CPA PC at 2504 Albany Street, Schenectady, NY 12304.

<b>Part 1: Your Information:</b>	<b>Part 2: Authorized Representative Information:</b>
Name:	Name:
Address:	Address:
Telephone number:	Telephone number:

**Part 3: Items You are Authorizing Us to Provide Your Representative:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_