

ROGNAN & ASSOCIATES
616 APPLECROSS COURT
BALLWIN, MO 63021
636-391-9831
Fax 636-391-9835
www.rognanandassociates.com
TAX CLIENT REQUEST FOR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

SSN (1st Tax Client on requested Tax Return) _____

SSN (2nd Tax Client on requested Tax Return) _____

Prior Year Filing Status _____

Information requested: _____

Instructions for information:

Email address to send in Portal _____

“Snail” mail to _____

I understand and have read Rognan & Associates’ “Privacy Policy” regarding my confidential financial tax return information. I do hereby release and hold harmless the firm of Rognan & Associates and their employees and/or associates for releasing said requested information to the individual(s), financial institution(s) or business(es) herein requested.

SIGNED

DATE

Confidentiality Note

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