

601 Allegheny River Blvd Verona, PA 15147 (412) 794-8224 phone (412) 794-8226 fax

Item Request

Your Name:					
Items Requested:					
Notes:					
Please	note there is a \$	550 fee	e pe	r item requested:	
Items requested (each year or document of the company of the compa	counts as 1 item)				
Signature:					
Date:					
Please MAIL	/ FAX / Email (c	ircle o	ne c	only) my documents to:	
Name:					
Address to mail:					
Fax #:		()		
You can fax request to (724) 334-1272	0:			Or via mail: "Tax Return Requ PO Box 2321 Lower Burrell, PA 15068	est"

Note: Returns requested by 3rd parties will not be honored unless expressly authorized/signed above by the client directly. Please allow at least 5 business days per request.

Warning, confidential message

The information in this communication is for the intended use of the person noted above ("To"). This communication is confidential and privileged. Any unauthorized dissemination, distribution or copying without the express consent of the person noted above is prohibited. If you have received this communication in error, please contact our office immediately by calling the telephone number above collect. Return the original and any copy made to our office via the US Postal Service. We appreciate your cooperation.