



**1099/W2 RELEASE AUTHORIZATION**

**TO:** **ACUTE CARE, INC.**  
Attention: Lori Frost, Asst. Vice President, Comptroller

**FROM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**RE:** **Tax Documents**

**This letter is to authorize the release of my 1099/W2 tax form. I also request the form be sent to the following address:**

\_\_\_\_\_  
*addressee*

\_\_\_\_\_  
*fax number*

\_\_\_\_\_  
*business name*

\_\_\_\_\_  
*address*

\_\_\_\_\_  
*city, state and zip*

**Thank you.**

\_\_\_\_\_  
*Physician/PA/NP signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Federal ID/SSN*

Please e-mail, fax or mail this completed release to:

**ACUTE CARE, INC.**  
Attn: Lori Frost  
Asst. Vice President, Comptroller  
PO BOX 515  
Ankeny, IA 50023  
  
Fax: 515.963.4381  
  
lorif@acutecare.com