

Consent to Release Information

I hereby authorize the release of the following information for tax year _____:

___ Form 1040

___ Form 1040, including all schedules

___ Other (please specify) _____

To be provided to:

Name _____

Street Address _____

City, State, Zip _____

Phone _____

Disclosure. Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Acknowledgement. By signing below, I (we) acknowledge the tax returns and schedules referenced above were completed based on information provided by me (us). The amounts on the return have not been audited or otherwise verified by the tax preparer. The preparer makes no assurances as to the accuracy of the amounts reported on the return or accompanying schedules.

Taxpayer's Name (printed)

Spouse's Name (printed)

Signature

Date

Signature

Date