

## DISCLOSURE AUTHORIZATION

Client (Taxpayer) \_\_\_\_\_ SS# \_\_\_\_\_  
Print Name

Client (Spouse) \_\_\_\_\_ SS# \_\_\_\_\_  
Print Name

Business Name \_\_\_\_\_ EIN \_\_\_\_\_  
Print Name

Cherryland Accounting & Tax Services (aka "the firm") provides tax and financial services for the above named Taxpayers.

The Taxpayers authorizes the firm to furnish the \_\_\_\_\_ (year or period) of \_\_\_\_\_

\_\_\_\_\_ (describe: financial statement, tax return, etc) to:

\_\_\_\_\_ (Third Party name)

to \_\_\_\_\_

(state intended purpose of the release of information. Examples: secure a home mortgage, bank loan, student loan, pick up tax return for delivery, etc...)

The Taxpayers grant permission to the firm to furnish the Third Party certain confidential information and may further allow the Third Party the right to discuss or interview representatives of (firm name).

This agreement will not expire between the Taxpayers, the firm and the Third Party unless written communication is received by the firm from the Taxpayers.

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 sign 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 as noted above.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without 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](mailto:complaints@tigta.treas.gov).

### AGREED AND ACCEPTED BY:

Client (Taxpayer) \_\_\_\_\_ Date \_\_\_\_\_

Client (Spouse) \_\_\_\_\_ Date \_\_\_\_\_

Officer (Business) \_\_\_\_\_ Date \_\_\_\_\_