

AUTHORIZATION TO RELEASE INCOME TAX RETURN INFORMATION

You have requested us to provide a copy of your U.S. Income Tax Return to a third party. In order for us to do this, you must read, complete, sign and date the authorization below prior to our action. One form is required per person or entity.

Federal law requires this consent form be provided to you. Unless authorized by law, *Tates Tax Service* 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 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.

To Whom It May Concern:

I authorize *Tates Tax Service* to release the following information either by mail, fax or email to:

Person or Entities: _____

Form(s): _____

Tax Year(s): _____

SSN(s) or EIN: _____

Release to Whom/Purpose- check only one identifying recipients name in space provided:

Bank/Mortgage/Lender (Financing): _____

Financial Advisor (Advice): _____

Other (Attorney, Tax Preparer, etc): (_____): _____

Deliver via following means:

USPS Mail at address: _____

Fax Number: _____

Email: _____

I (insert your name), _____, authorize *Tates Tax Service* to provide a copy of my/our tax return or that any business, as identified above for the purpose identified above, I understand I have the right to limit the consent to specific information, not just authorize disclosure or use of the entire return(s). Recognizing that right, I consent to the use of my entire tax return(s) or the entire return(s) of the business identified above, I authorize this until _____ (insert end date) or for one year from the date signed if blank.

Taxpayer's signature for individual return authorization as indicated above and, if applicable, corporate, partner, member or authorized officer signature for business return authorization:

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 Tates Tax Service by telephone at **(301)322-TATE(8283)**, or by email at tatestaxservice@gmail.com.

Signature of taxpayer or officer: _____ Date: _____