



Client Consent for Disclosure of Information to a Third Party

This form documents your request and gives us your permission to release the specified information to the third party as shown below. Please note that various federal and state laws require that CPA's obtain the client's written permission in order to comply with the client's request to provide their confidential information to a third party, including discussing the client's activity with a third party.

We must include the following language in order to comply with the applicable laws. Please read the following before signing this release request.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax information to third parties for purposes other than the preparation of your tax return without your consent. 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 to engage our tax preparation services. If we obtain your signature on this form by conditioning our tax return preparation 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 from the date of signature.

This language points out that once your information is disclosed to a third party, neither you nor our firm has any control over what the third party may do with your information. We are not responsible for any unauthorized use or disclosure of your information by the third party after it is released to them.

Both spouses must provide consent if joint information is to be released, or an authorized representative must sign for an entity (i.e. corporation, trust, estate). You will need to provide us with another release form for any subsequent requests to release additional information to this or another third party. Also note that we may bill for the time it takes our staff to copy and assemble the information you are requesting us to release.

As an alternative to you signing this release form to have our firm provide the requested information directly to the third party, you may request that we simply send you the information needed, either as paper copies or electronic pdf files, so that you can forward it to the third party of your choice. However, if you want us to engage in discussions with the third party, we will need this release form signed by the related parties.

Please indicate below your name(s), the reason for the release, the information you want released, and how you would like us to deliver this information.

Print Your Name(s): _____

(please print, show both names if joint, or show the entity name)

Purpose of Release: _____

(please explain why you want us to release the information)

Identify the information to be released by checking each item that applies:

Complete Income Tax Return(s) ___ Federal (only) ___ State (only)

___ Limited Information from Income Tax Returns(s) (ie W-2's, 1099's, etc.)

___ Financial Statements (if a business) ___ Personal Financial Information

___ Other: _____

Please specify: _____

For the tax years or other periods: _____

The information specified above will be released to the third party via our secure portal unless you otherwise instruct us below to mail or fax paper copies. If you elect to have us send you this information so that you can send it to the third party yourself simply indicate your email address below and do not fill out the third party information.

Name of Third Party (or Company): _____

Name of Third Party Contact (If Company) _____

E-Mail Address (for use with secure portal): _____

Mailing Address (only if mailed): _____

I/We authorize the firm of Ben R Shull CPA LLC to disclose the information indicated above to the specified third party. I/We understand that this consent authorizes the disclosure of all information contained within the specified tax return(s) unless a more limited disclosure has been indicated above. Disclosure of the information described above has been specifically requested as evidenced by the following signature(s).

This consent shall be effective for one year from the date signed or as specified:

Beginning: _____ Ending: _____

Your Signature: _____ Date: _____

Title (if an entity): _____

Spouse's signature: _____ Date: _____

(if joint)

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.