

# Consent to Release Tax Information

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I hereby authorize Sondra Safer, C.P.A. to release the following requested information.

## Copies of my tax return/s for the following years:

2008  2009  2010  2011  2012  \_\_\_\_\_

Copies of W-2's  Other: \_\_\_\_\_

## Please release tax returns to:

Bank, Mortgage Lender, Attorney, Other \_\_\_\_\_ (Delivery Preference:  Fax  E-mail)

## If married both signatures are needed for the above option

Name of Company: \_\_\_\_\_ Attn: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Deliver to me (Delivery Preference:  Mail  Fax  I will pick up returns

Address: \_\_\_\_\_, City \_\_\_\_\_,

State \_\_\_\_\_ Zip: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

If faxing do you want a call before fax for privacy:

Yes, Phone Number \_\_\_\_\_  No

## The following three paragraphs are required by IRS to be included in this document:

1. 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.

2. 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.

3. 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](mailto:complaints@tigta.treas.gov).

\_\_\_\_\_  
Taxpayer Signature Printed Name Date

\_\_\_\_\_  
Spouse Signature Printed Name Date

Please mail this form back to: Sondra Safer, C.P.A. , 16800 W. Greenfield Ave, Suite 350, Brookfield, WI 53005-6800, or fax back to 262-784-6787.

Office use only:  
Request Taken by: \_\_\_\_\_