

# THE TAX PLACE

## AUTHORIZATION TO RELEASE INCOME TAX RETURN INFORMATION

PRIMARY NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ LAST 4 OF SSN: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ LAST 4 OF SSN: \_\_\_\_\_

TAX YEAR(S): \_\_\_\_\_ FORMS:  ALL OR  LIMITED TO: \_\_\_\_\_

RELEASE TO WHOM:

BANK / LENDING INSTITUTION: \_\_\_\_\_

FINANCIAL ADVISOR: \_\_\_\_\_

LAW FIRM / ATTORNEY: \_\_\_\_\_

INSURANCE COMPANY / AGENT: \_\_\_\_\_

RELATIVE: \_\_\_\_\_ RELATION: \_\_\_\_\_

OTHER: \_\_\_\_\_

This form documents your request and gives us your permission to release the specified information to the third party as shown above. Please note that various federal and state laws require us to 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 return information to third parties for purposes other than the preparation and filing 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 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.

I authorize The Tax Place of Southern Indiana, LLC to release the information indicated above either by fax, telephone, mail, or e-mail.

PRIMARY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SPOUSE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(SPOUSE SIGNATURE REQUIRED FOR ALL JOINT RETURNS)

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).