

CONSENT TO DISCLOSE TAX INFORMATION

Ryan Jorgenson & Limoli, P.S.
7525 Pioneer Way Suite 201 Gig Harbor WA 98335
O 253-851-3425 F 253-851-2074

Name of Client: _____

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 used or 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.

Alternatively if supplied, your consent is valid until: _____.

Please complete the following authorization for the disclosure of information to the person or business specified:

Individual/Business Name: _____

Attn: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Provide the following:

- Any information requested, or
- Only a copy of my Federal tax returns for year(s): _____
- Only the following specific information: _____

Accepted By:

(Your Signature) _____ Date: _____

(Spouse's Signature) _____ Date: _____

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.