# CONSENT FOR DISCLOSURE OF INFORMATION

Acceptance by client constitutes a mutual understanding and agreement with all terms & engagement of Zachary Hellman (EA)
*Work will not disclose tax information without signed Agreement on file*

**CLIENT NAME(S):** _____

**Due to new IRS regulations, we now must obtain your permission to release information, including copies of tax returns and association documents in writing.**

I/We, authorize Zachary Hellman (EA) to release our tax returns, tax information, and tax-related documents as detailed below to the following person and or institution.

**DISCLOSE/SEND TO:**

Organization: _____ Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____

**PURPOSE OF THIS DISCLOSURE (Please check applicable boxes or specify):**

☐ MORTGAGE OR LANDLORD APPLICATION ☐ REFINANCING ☐ INSURANCE (LIFE, MEDICAL)

☐ LOAN APPLICATION (SCHOOL, PERSONAL, AUTO, REFINANCING)

☐ INVESTMENTS ☐ MUTUAL FUNDS, IRA, PENSION

☐ OTHER(Please explain):_____

**TAX INFORMATION AND DOCUMENTS TO BE RELEASED (Please check applicable boxes or specify):**

☐ TAX RETURNS FOR YEARS:_____ ☐ FEDERAL ☐ STATE

☐ OTHER DOCUMENTS:_____

☐ OTHER INFORMATION:_____

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.

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.

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.

This consent will expire thirty (30) days from the date of your signature below unless indicated otherwise.
Expires on:_____

| CLIENT SIGNATURE | DATE | SPOUSE SIGNATURE | DATE |
|---|---|---|---|
| PRINT CLIENT'S NAME | | PRINT SPOUSE'S NAME | |

**ZACHARY HELLMAN, ENROLLED AGENT**
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