



JONALYN C. SULLIVAN, CPA, LLC
• CERTIFIED PUBLIC ACCOUNTANT •

CONSENT TO DISCLOSE FINANCIAL INFORMATION IN TAX PREPARATION

Federal law requires this consent form to 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 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.

We may disclose your tax return information to the entity below for purposes listed below. The disclosure may include information contained in or derived from the information furnished by Jonalyn C. Sullivan, CPA, LLC in connection with the preparation of your current or prior year tax return(s). The information disclosed may also include all information contained within your tax return(s), unless you request a more limited disclosure.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email to: complaints@tigta.treas.gov

PLEASE COMPLETE:

PURPOSE FOR FORWARDING INFORMATION:

Mortgage/Finance Credit File Other- _____

DOCUMENTS TO BE RELEASED: (Please specify years i.e 2017 Individual Tax Return)

1. _____
2. _____
3. _____

NAME AND ADDRESS TO WHOM INFORMATION IS BEING DISCLOSED TO:

COMPANY: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ FAX #: _____

E-MAIL ADDRESS: _____

DURATION OF CONSENT:

I, _____, authorize Jonalyn C. Sullivan, CPA, LLC to disclose to _____ the information listed above.

SIGNATURE: _____ **DATE:** _____