



CONSENT AND AUTHORIZATION FORM
RELEASE/EXCHANGE OF CLIENT INFORMATION

Client Name: _____ Last 4 Digits of SSN/EIN: _____

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return and other financial information to third parties. If you consent to the disclosure of your tax return and/or tax information, Federal law may not protect your tax return and other financial 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 and other financial 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.

On behalf of myself, my spouse, and every company for which either of us, separately or combined, are a majority shareholder, I authorize the release of all financial and tax information to the below name recipient. This information will include, but is not limited to, financial and accounting reports, income tax returns, bank statements, wage statements and other confidential documents.

Please release my information to: Provide FULL NAME and method of delivery (must be completed):

FULL NAME:

METHOD OF DELIVERY:

TAX YEAR REQUESTED or for specific time period:

I do not authorize the following items or companies to be included in this authorization (leave blank if no restrictions):

I understand that the information will be transmitted by mail, facsimile, or electronic format. I further understand that the transmission may be released electronically/internet format. I hereby release Lopez & Company, Ernest Lopez, from any consequences that may arise as a result of the release of the financial information set forth above.

Print Name

Signature

Date