Client Authorization to Release Information

Please keep a copy of this signed consent form for your records

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 return 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 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 from the date of signature.

Name of Taxpayer(s)/Company: _____

I (We) authorize Franklin & Franklin, PA to disclose the information detailed below to the following third party:

Designated Third Party

Company: _____ Attn: _____

Address: _____ City, State, Zip: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Information to be Disclosed

☐ Limited to (*specify information & year*):_____

_____ ☐ No limitations

Purpose for disclosure:_____

Your consent to disclose the above information, is valid for the following amount of time:

☐ Until revoked with written revocation	☐ One year from date of signature	☐ _____ Expiration Date

Authorizing Signature: _____ Date:_____

Print Name and Title: _____

Company Name (if applicable):_____

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.