CONSENT FOR DISCLOSURE OF TAX INFORMATION

Date:_____

Client(s):_____

Address:_____

City, State, Zip:_____

I/We, hereby request and authorize Alice Wahrmund, EA, of Four Seasons Business Service to release our tax returns, tax information and tax-related documents including tax refund or refund loan checks as detailed below to the following person and/or institution:

NAME: _____
ORGANIZATION: _____
STREET: _____
CITY _____ STATE _____ ZIP _____
TELEPHONE _____ FAX _____
E-MAIL _____

Purpose of This Disclosure _____
_____

Specific tax information and documents to be released:
_____
_____

This consent is valid for: (circle one) 1 year   Until Revoked in Writing
Other period: Specify_____

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.

_____   _____
Taxpayer Signature   Date

_____   _____
Spouse Signature (if joint return)   Date