

DATE: _____

Consent For Disclosure of Information

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

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

Your name(s): _____

Disclose/Send to >

ORGANIZATION	ATTN: (NAME)	
ADDRESS		
CITY	STATE	ZIP
TELEPHONE	FAX	
E-MAIL		

Purpose of this disclosure: (Please check applicable boxes and/or write in)

- 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: (check applicable boxes and/or write in additional needed documentation):

- TAX RETURNS FOR YEARS 20__ to 20__ 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 the client signature below.

_____	X	_____
PRINT YOUR NAME	SIGNATURE	DATE SIGNED
_____	X	_____
PRINT SPOUSE'S NAME	SIGNATURE	DATE SIGNED