CONSENT TO RELEASE TAX RETURN INFORMATION

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.

*All parts of this form need to be completely filled out.

*Each form can be used for only one entity.

*The duration of each consent form is only on an as needed basis.

*This form must be returned

* There is a \$15.00 charge per year tax return sent

1)	Entity or person's name and social security number or Federal Identification number				
	of tax returns being authorized:				
	Entity/Person's name				
	SSN/Federal ID#				
• >					
2)	Tax Form(s) and Tax Year(s) being authorized:				
	Tax Form(s)				
	Tax Year(s)				
3)	Purpose for forwarding information:				
	☐ Banking and/or Loan Requirements				
	☐ Other (Please Specify)				
4)	Information is released to:				
,	Name:				
	Address:				
	City: State: Zip Code:				
	Phone Number:				
	E-mail Address:				
5)	Method of delivery for tax information:				
	-				
	☐ By E-mail ☐ By Mail ☐ Other				
6)	Contact information if Sargent, Sargent, & Bryan, Inc. will need any further				
	information to complete the request to release your tax information:				
	Phone Number:				
	E-mail Address:				
	Othory				

I,				
to disclose to the individual(s)/comp			released	to:'), my
tax return information for the person	or entities listed abo	ove.		
Signature		Date	/	/
If you believe your tax return information has by the law without your permission, you m				nauthorized
Administration (TIGTA) by telephone at 1	•	•		as.gov.
OFFICE USE:				
Date sent:				
Time sent:				
Initials:				