Consent to Disclose Confidential Information to a Third Party

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return or your business 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 this 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.

We may disclose your business or personal tax return information or your business financial statement, as you request, to the entities listed below for the purpose you indicate. The disclosure may include information contained in or derived from the information furnished to Linda Holdredge & Associates CPAs P.C. in connection with the preparation of your current or prior year tax return(s). The information disclosed may also include all information contained within your tax return(s), unless you request a more limited disclosure.

ACKNOWLEDGMENT

I (We), ______________________________________________________________________________________ authorize Linda Holdredge & Associates CPAs P.C. to disclose the information indicated below to the listed recipient for the listed purpose.

Information to release (indicate dates of appropriate forms):

- Form 1040 (Individual) __________________________
- Form 1120S (S-Corp) __________________________
- Form 1120 (Corporation) _______________________
- Form 1065 (Partnership) _______________________
- Financial Statements __________________________
- Forms W-2 _________________________________
- Other (please specify) _______________________

Recipient: ______________________________________________________________________________________

Purpose: _______________________________________________________________________________________

Client Signature: __________________________ Date: __________

Title (if applicable): __________________________

Spouse Signature (if applicable): __________________________ Date: __________

Authorization Expiration Date: __________

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.