

This document has been prepared by Tax Return Preparer for the authorization of Taxpayer to disclose tax return and/or other information.

Tax return Preparer: Crystal St Omer Roy, CPA

Name of Taxpayer: _____

Purpose of Consent: To satisfy a request to the taxpayer to disclose tax return information to

_____ for the purpose of **compliance with the term(s) of any loans** and / or _____

Information to be disclosed:

- _____ US FORM 1040 w/attachments Years: _____
- _____ US FORM _____ w/attachments Years: _____
- _____ Financial Statements (with comparatives) Years: _____

We generally are not authorized to disclose your tax return information to third parties. We may only disclose your tax return information to third parties if you consent to each specific disclosure. We will not disclose the tax return information for any purpose (not otherwise permitted by law without formal consent) other than that stated in this consent. **Your consent is valid for one year.**

Warning: Once your tax return information is disclosed to a third party per your consent, we have no control over what that third party does with your tax return information. If the third party uses or discloses your tax return information for purposes other than the purpose for which you authorized the disclosure, we are not responsible for that unauthorized disclosure, and federal tax law may not protect that unauthorized disclosure.

If you would like Crystal St Omer Roy, CPA to disclose your tax information described above to the above third party, please provide the information requested below, **and sign and date** your consent to the disclosure of your tax return information.

I, _____, authorize Crystal St Omer Roy, CPA to disclose to

_____ the tax return information described herein for the specific purpose of the consent stated above. I understand that if my consent authorizes the disclosure of all information contained within a tax return, a more limited disclosure may satisfy the purpose of the consent. Disclosure of the tax return information described above has been specifically requested by me.

Signature: _____ **Date:** _____

We cannot forward any documents until we receive this signed authorization.

You may fax signed authorization to: 761-5085 or email to: chris@my-cpa-firm.com
Or mail to: Crystal St Omer Roy, CPA - 212 S Sporting Hill Road - Mechanicsburg PA 17050