Client Consent to Third-Party Disclosure of Tax Return Information

Taxpayer’s Name(s) (Please Print):________________________________________________________

The above-referenced Taxpayer hereby consents to the disclosure by Davis Group, P.A., Certified Public Accountants, of any and all tax return information contained in the Taxpayer’s income tax return(s) for the calendar years __________________________________________________________

This consent authorizes the disclosure of a copy of the entire tax return or all information contained within the tax return to a third party. However, you may request that we provide a more limited disclosure of such tax return information to the third party in accordance with your direction. Information will be emailed to the third-party listed, unless otherwise instructed by the Taxpayer to mail a paper copy. Paper copies will render additional fees to the Taxpayer for time and expenses associated with producing the additional copies.

Davis Group, P.A., Certified Public Accountants may release such information to the following party or parties:

________________________________________________________

Such information is being released to the party or parties specified above for the following purpose(s)

________________________________________________________

Such information may not be disclosed or used by the tax return preparer for any purpose other than that permitted by this document.

Dated this _____ day of ______________, ________

By: ________________________________________  _______________________________
     (Taxpayer’s Signature)               (Spouse’s Signature – If a Joint Return)

Federal law requires this consent form be provided to you and completed by you prior to releasing 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.

By completing this form, you acknowledge that you are not required to complete this form nor is this a requirement or a condition of our services. If you agree to the disclosure of your tax 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.