

Consent to Release Tax Information

Name: _____ Social Security Number: _____

Phone Number: _____

I hereby authorize Mennenga Tax & Financial to release the following requested information.

Copies of my tax return/s for the following year/s:

2010 2009 2008 Copies of W-2's for the years listed as well

Please release tax return/s to:

Bank, Mortgage Lender, or Attorney (Delivery Preference: Fax E-mail)

If married both signatures are needed for the above option

Name of Company: _____ Attn: _____

Fax Number: _____ E-Mail Address: _____

Deliver to me (Delivery Preference: Mail Fax E-mail I will pick up return/s)

Address: _____, City _____, State _____

Zip: _____ Fax Number: _____ E-Mail Address: _____

If faxing do you want a call before fax for privacy Yes, Phone Number _____ No

The following three paragraphs are required by IRS to be included in this document:

1. 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.

2. 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.

3. 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.

Taxpayer Signature

Printed Name

Date

Spouse Signature

Printed Name

Date

Please mail this form back to: Mennenga Tax & Financial, 814 Atlas Ave, Madison, WI 53714 or fax back at 608-241-4767.

Office Use Only:
Request taken by: _____