

**CONSENT and AUTHORIZATION FORM
RELEASE/EXCHANGE OF CLIENT INFORMATION**

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your Tax Return information or Refund check information or any other financial information to third parties for purposes other than the preparation and filing of your return. If you give consent to the discloser of your information, Federal law may not protect your tax return and other financial information from further use or distribution. This consent is only valid for one (1) year.

Fill out the following information:

I, authorize the release of my information to *(must be completed with the name of the person you are giving consent to):* _____.

The above person lives with me: YES _____ NO _____

Relationship: _____ **Telephone:** _____

I, *(print your name)* _____, authorize the offices of **J. Squared Services** to disclose and release my Tax information, refund check and any other Tax related information to the party mentioned above.

Taxpayer's Signature: _____ Date: _____.

Print Name: _____

Spouse's Signature: _____ Date: _____.

Print Name: _____

Staff Initials: _____ Date: _____.