

Authorization to Release Information

Name:			
Federal ID or Social Security Nur	nber:		
Purpose for forwarding this inform	nation:		
I hereby authorize Stefforia, Petik	& Carlson, CPAs to re	clease the following requested informa	tion:
Copies of my tax return(s); W-2s	and/or financial inform	ation for the following year(s)	
Data Requested			
Tax Years(s) to release			
Other Documents			_
Please release this information to:			
☐ Fax / Email		☐ Mail	
Forward to:		·	
		 	
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Duration of Consent: (If you do not specify the duration	<u> </u>	1:10	
(IJ you do not specify the duration	of your consent, your c	consent is valid for one year)	
Signature	Title	 Date	

Please return this completed form to:

• Fax: (734) 747-9824

• Email: <u>admin@stefforia.com</u>

If you have any questions regarding this form, please contact our office at (734) 747-8863

Warning: Federal law requires this consent form be provided to you. You are not required to complete this form. 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. 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. under Federal tax law. we are not responsible for that subsequent use or disclosure, and Federal tax law may not protect you from that disclosure. If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email to: complaints@tigta.treas.qov