



ERICKSON,  
SATO &  
WILD, LLC

CERTIFIED PUBLIC ACCOUNTANTS

573 Hopmeadow Street, Suite 101  
Simsbury, CT 06070  
Phone: (860) 658-1448  
Fax: (860) 408-9794  
www.eswcpa.com

## Client Consent for Disclosure of Information to a Third Party

**Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax information to third parties for purposes other than the preparation and filing of your tax return without your consent. 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.**

**You are not required to complete this form to engage our tax preparation services. If we obtain your signature on this form by conditioning our tax preparation 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 from the date of signature.**

**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](mailto:complaints@tigta.treas.gov).**

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Both the taxpayer and spouse must provide consent if joint information is to be released, or an authorized representative must sign for an entity (i.e. corporation, trust, estate).

You will need to provide us with another release form for any subsequent requests to release additional information to this or another third part.

Please note that we may bill for the time it takes our staff to copy and assemble the information you are requesting us to release if the amount of information requested is onerous.

As an alternative to you signing this release form to have our firm provide the requested information directly to the third party, you may request that we send you the information needed, either as paper copies or electronic pdf files, so that you can forward it to the third party of your choice. However, if you want us to engage in discussions with the third party, we will need this release form signed.

Please complete the following. Please Print.

Taxpayer Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Entity Name (if applicable): \_\_\_\_\_

Purpose of Release: \_\_\_\_\_

(i.e. mortgage, bank financing, divorce, other legal matters, etc.)



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Identify the information to be release by checking each item that applies:

- Federal & State(s) income tax return(s)  Federal Return Only  State(s) returns only, which state(s)\_\_\_\_\_
- Limited Information from income tax return(s) (i.e. W-2's, 1099's, K-1's, etc.)

Please Specify:\_\_\_\_\_

- Financial Statements (if a business)  Personal Financial Information

Other:\_\_\_\_\_

For the tax years:\_\_\_\_\_

Please select your preferred distribution method:  Fax  Email  Mail  Client Pick Up

**If you elect to have us send you this information so that you can send it to the third party yourself simply indicate your email address below and do not fill out the third party information.**

Name of Third Party Company:\_\_\_\_\_

Name of Third Party Contact:\_\_\_\_\_

Email Address:\_\_\_\_\_

Mailing Address (only if Mailed):\_\_\_\_\_

\_\_\_\_\_

Fax Number (only if faxed):\_\_\_\_\_

I/We authorized Erickson, Sato & Wild, LLC to disclose the information indicated above to the specified third party. I/We understand that this consent authorizes the disclosure of all information contained within the specified tax return(s) unless a more limited disclosure has been indicated above. Disclosure of the information described above has been specifically requested as evidenced by the following signature(s).

This consent shall be effective for one year from date signed or as specified:

Beginning\_\_\_\_\_ Ending:\_\_\_\_\_

Taxpayer Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Spouse Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Officer or Authorized Representative:\_\_\_\_\_ (for business, estates, and trusts)

Title:\_\_\_\_\_ Date:\_\_\_\_\_