

Consent to Release Tax Return/Bookkeeping  
Information to a Third Party

To: Sherry L. Neis, EA. at The Balancing Act;

I (We) give our permission for you to discuss or release the following information to:

Name of Contact Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number of Contact Person: \_\_\_\_\_

Information to be discussed or released is limited to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose for Consent: \_\_\_\_\_

\_\_\_\_\_

Under Federal Tax Regulation 301.7215-3(b), I (We) consent to your disclosure of the above stated information. This consent to disclosure is for no other reason and expires on:

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Taxpayer's Name

\_\_\_\_\_  
Spouse's Name

\_\_\_\_\_  
Taxpayer's Signature

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date