



CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

Federal law requires this consent form be provided to you. We cannot disclose, without your consent, your tax return information for purposes other than the preparation and filing of your tax return. Your consent is valid for one year.

The purpose of this consent is to allow us to disclose your tax return information to

_____ per your request.

Taxpayer Signature: _____

Print Name: _____ Date: _____

Taxpayer Spouse Signature: _____

Print Name: _____ Date: _____

You can mail this form to us, Fax it to us at 708-763-8852 or email it to your preparer or our general email, mail@zscpa.com.

Thank you for your assistance in protecting your tax information.