

# JAMES T. SCHERER, CERTIFIED PUBLIC ACCOUNTANT

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## AUTHORIZATION TO RELEASE INCOME TAX RETURN INFORMATION

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

I authorize James T. Scherer, CPA to release the following information either by fax, telephone, mail, or email:

Form(s): \_\_\_\_\_

Year(s): \_\_\_\_\_

To Whom: Name: \_\_\_\_\_ Email: \_\_\_\_\_ Tel: \_\_\_\_\_

Purpose: \_\_\_\_\_

Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

I understand that this authorization is effective when signed by me and will remain in effect for one year unless I specified a set period of time above or file a written revocation of this authorization with James T. Scherer, CPA at the address listed above.

\_\_\_\_\_  
Client name (printed)

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

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).