

D JONES ACCOUNTING INC

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Consent to Release Information

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

Tax payer Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

SSN \_\_\_\_\_ Spouse SSN \_\_\_\_\_

EIN \_\_\_\_\_

By signing below, I/we authorize D Jones Accounting to email, fax, mail, or pick up a copy of my tax return and or related information to the following individual and or business. This form authorizes the one time release of information to a single individual / business. A separate form will need to be signed to release information to additional parties. I/we agree to hold D Jones Accounting and its associates harmless for the release of this information to the individual/ business listed below.

Name of person receiving information \_\_\_\_\_

Fax Number \_\_\_\_\_

Email \_\_\_\_\_

Address if mailing \_\_\_\_\_

Notes or instructions:

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Signature \_\_\_\_\_ Signature \_\_\_\_\_

For married filing joint both spouses must sign this release.

To complete this request please fax this signed form to our office along with a copy of your driver's license.