



Client Authorization to Share Information (Release of Information)

This form authorizes the release and sharing of individual information which includes: prior year tax returns and supporting document associated with those tax returns, as well as personal information such as name, birth date, social security number, address, phone number, family members, and email addresses.

Taxpayer First Name

Last Name

_____-_____-_____
Taxpayer Social Security #

Spouse First Name

Last Name

_____-_____-_____
Spouse Social Security #

(____) ____-_____
Phone Number

If you sign this form, your information related to prior years' tax returns will be shared with Zimmerman & Co CPAs Inc for the upcoming tax season for preparation of your tax return.

AUTHORIZATION TO RELEASE AND SHARE INFORMATION: I hereby give my consent for my information to be shared with Zimmerman & Co CPAs Inc to be used in conjunction with the preparation of my individual income tax return for the upcoming tax season.

My information will remain confidential and will not be used for marketing or solicitation purposes, or be shared with any individuals or agencies outside of Zimmerman & Co CPAs Inc.

I understand that I can refuse access to part or all of my information, and I may limit the access to certain information, at any time, with a written statement. If I choose not to give my consent, my refusal will not prevent Zimmerman & Co CPA from preparing my tax return for the upcoming year, though I acknowledge it may take longer to prepare. A photocopy or facsimile of this authorization is considered as valid as the original.

RIGHT TO REVOKE AUTHORIZATION: I may revoke this authorization at any time, in writing, before the information has been released. I understand that I have a right to receive a copy of this authorization upon request.

By signing this agreement, I acknowledge that I have carefully read, understand and agree to the above terms and conditions.

Client Signature

Date

Spouse Signature

Date