

**Written Authorization for Third Party Disclosures**

Knight Accounting & Technology, LLC  
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[www.cpamichele.com](http://www.cpamichele.com)



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Dear Client:

If you would like your records released to a third party, such as a mortgage lender, in accordance with Rev. Proc. 2008-35 you must sign a disclosure statement, which we have provided a copy of on [www.cpamichle.com](http://www.cpamichle.com). Please fax us your signed authorization to release the information to (303)374-5665. There is a minimum charge of \$25.00 for the time and efforts involved in providing your information to a third party, which can be mailed via check along with this form or paid by credit card (please fill out the credit card authorization form found on [www.cpamichele.com](http://www.cpamichele.com)). The more information you provide below, the quicker I can fulfill your request, so please be thorough in providing the third-party contact information.

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

If you believe your tax return information has been disclosed or used improperly in a matter 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.

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

Note: If you would like Knight Accounting & Technology, LLC to release your information to a third-party, please provide the information requested below.

Name of Third Party Contact: \_\_\_\_\_

Phone # of Third Party Contact: \_\_\_\_\_

Fax # of Third Party Contact: \_\_\_\_\_ (ignore, if you prefer the documents are mailed)

Email address of Third Party Contact: \_\_\_\_\_

Mailing Address of Third Party Contact: \_\_\_\_\_

\_\_\_\_\_