

FARMER, POKLOP, HOPPA & CO.
Certified Public Accountants
1100 S. Old Rand Road
Lake Zurich, Illinois 60047
(847) 550-0516

TAX RETURN INFORMATION DISCLOSURE FORM

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 the purpose other than the tax 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.

I (we) here by authorize the release of my (our) tax return information.

- Tax Return Preparer: Farmer, Poklop, Hoppa & Co.
- Taxpayer: _____
- Intended Purpose of Disclosure: _____
- Duration on Consent: _____
- Tax Return Information to be Disclosed: _____
- Recipient of Tax Return Information:
Company: _____
Name of Recipient: _____
E-Mail Address: _____
Fax Number: _____
Address: _____

Taxpayer Signature: _____ Date: _____

Spouse Signature(if joint return): _____ Date: _____

Signature PIN # if transmitted electronically: _____