

## **Client Authorization to Release Information**

Please keep a copy of this signed consent form for your records

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 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 return preparation services. If we obtain your signature on this form by conditioning our tax return preparation 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.

Name of Taxpayer(s)/Company	:	
I (We) authorize Doty Pruett Wi third party:	Ison, PC to disclose the information	on detailed below to the following
<b>Designated Third Party</b>		
Company:	Attn:	
Address:	City, State, Zip:	
Phone Number:	Fax Number:	
E-Mail Address:		
Information to be Disclosed		
_	on & year):	
	a year).	☐ No limitations
Purpose for disclosure:		
Your consent to disclose the al	pove information, is valid for the f	ollowing amount of time:
Until revoked with written revocation	One year from date of signature	Expiration Date
Authorizing Signature:		Date:
Print Name and Title:		
Company Name (if applicable):_		
If you bolious your tay return	information has been disclosed	or used improperly in a manner

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.

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