

316 W Cunninghamham St Butler PA 16001



**Consent for Transmission of Tax Return Information**

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

*Efforts will be made to protect sensitive information by masking social security numbers and any other personal information, but the transmission method – fax, email or via the US Postal service – is not secure.*

I, \_\_\_\_\_, request that my personal income tax return for tax year(s) \_\_\_\_\_ be sent to \_\_\_\_\_ via \_\_\_\_\_ (fax, email, US Mail, other). I acknowledge the transmission method is not considered secure and that the privacy of the tax information could be breached.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

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