



**4WEALTH CPAS LLC**  
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**AUTHORIZATION TO RELEASE INCOME TAX RETURN INFORMATION**

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose or use, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return and, in certain limited circumstances, for purposes involving tax return preparation. If you consent to the disclosure and use 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 (1) year.

To Whom It May concern:

I authorize 4Wealth Financial Group to release the following information either by fax, telephone, mail or email:

Form(s): \*

Tax Year(s): \*

Release to Whom/Purpose (check to select):

- \* Bank/Mortgage/Lender:
- Financial Advisor Attorney:
- Attorney:

I understand that this authorization is effective when signed by me and will remain in effect for one (1) year, unless I specify a set period of time below or file a written revocation of this authorization with 4Wealth Financial Group.

Start date: \_\_\_\_\_ End date: Email

Name: \* \_\_\_\_\_ Address: \* \_\_\_\_\_

Signature: \* \_\_\_\_\_

Date: \* \_\_\_\_\_

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 e-mail at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).