



# 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. Most third parties are also held to similar standards and require authorization before they can release your information to us. 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 Anthem Strategists to disclose the information detailed below to the following third party.

**OR**

I (We) authorize the following third party to disclose the information detailed below to Anthem Strategists.

**Designated Third Party**

Company: \_\_\_\_\_ Attn: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Information to be Disclosed**

Limited to (*specify information & year*): \_\_\_\_\_  No limitations

**Purpose for disclosure:** \_\_\_\_\_

**Your consent to disclose the above information, is valid for the following 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 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](mailto:complaints@tigta.treas.gov).

**Mailing Address**

285 Liberty St NE

Suite 300

Salem, OR 97301

**503-362-9152**

Fax: 503-362-9186

[office@anthem.cpa](mailto:office@anthem.cpa)

SALEM OFFICE

285 Liberty St NE, Suite 300 ▪ Salem, OR 97301

PORTLAND OFFICE

16037 SW Upper Boones Ferry Rd, Suite 135 ▪ Portland, OR 97224

