DISCLOSURE AUTHORIZATION

Client (Taxpayer)	SS#
Print Name	
Client (Spouse)Print Name	SS#
Business NamePrint Name	EIN
Devon A. Gaines CPA, PC provides tax related services for the a	above named Taxpayers.
The Taxpayers authorize Devon A. Gaines CPA, PC to furnish th	ne (year or period) of
	(describe: tax return, etc) to:
	(Third Party name)
to	(state intended
purpose of the release of information. Examples: secure a hon for delivery, etc)	ne mortgage, bank loan, student loan, pick up tax return
The Taxpayers grant permission to Devon A. Gaines CPA, PC tand may further allow the Third Party the right to discuss or interv	
This agreement will not expire between the Taxpayers, Devon communication is received by Devon A. Gaines CPA, PC from the	
Federal law requires this consent form be provided to you. Unleading consent, your tax return information to third parties for purposes you consent to the disclosure of your tax return information, fedefurther use or distribution.	other than the preparation and filing of your tax return. If
You are not required to sign this form. If we obtain your signal consent, your consent will not be valid. If you agree to the discless noted above.	
If you believe your tax return information has been disclosed of without permission, you may contact the Treasury Inspector Ge 800-366-4484, or by email at complaints@tigta.treas.gov.	
AGREED AND ACCEPTED BY:	
Client (Taxpayer)	Date
Client (Spouse)	Date
Officer (Business)	Date