# Langley and Associates LLC

**6580 Spanish Fort Blvd. Suite A ▪ Spanish Fort, Alabama 36527**
**Phone 251.345.4800 ▪ Fax 888.756.1590**


## Consent to Release of Information to Third-Parties

**Client First or Business Name:** ______________________

**Client Last Name:** ______________________

**Spouse First Name (if applicable):** ______________________

**Spouse Last Name:** ______________________

This form documents your request and gives us your permission to release the specified information to the third party as shown below. Various federal and state laws require tax and accounting practitioners to obtain a client's written permission in order to comply with a client's request to provide their confidential information to a third party, including discussing the client's activity with a third party.

> Federal law requires this consent form to be provided to you and completed by you prior to releasing your tax return information to third parties for purposes other than the preparation and filing of your tax return(s). 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.
>
> By completing this form, you acknowledge that you are not required to complete this form nor is this a requirement or a condition of our services. If you agree to the disclosure of your tax or other financial 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.

This language points out that once your information is disclosed to a third party, neither you nor **Langley and Associates LLC** has any control over what the third party may do with your information. **Langley and Associates LLC** are not responsible for any unauthorized use or disclosure of your information by the third party after it is released to them.

Regarding married persons, both spouses must provide consent if joint information is to be released. For those persons who are married but are filing or have filed their tax return(s) as "Married Filing Separately", consent must be provided for release or discussion of information with the other spouse listed on the return.

Regarding non-individual entities (such as business entities, trusts, estates, etc.), an authorized representative must sign for the entity. If not already on file with **Langley and Associates LLC**, documentation must be provided as to the veracity of the person's status as an authorized representative.

Please indicate below your name(s), the reason for the release, the information you want released, and how you would like us to deliver this information. Unless otherwise requested or necessitated by circumstance, the format of said information will be digital in the form of PDF files and delivered by a secure electronic document transfer service. Please note that we may bill you for the time it takes to fulfill this request. Preparation of documents in a format other than stated above, or delivery via a method other than stated above, may be subject to additional fees.

## Specific Situation Request

☐ I only need an email or letter to the specified person(s) listed below regarding the status of return and extension filings for the specified time period.

☐ I am married but filing (or have filed) separately and authorize any discussion or exchange of any information needed for the specified time period with my spouse (or the spouse listed on the tax return if not a current spouse) pursuant to preparation of returns or if said spouse requests it. *Only specify information to be released if you wish to limit the scope of documents covered.*

☐ I have engaged the services of a financial advisor/planner, investment manager or firm, or similar, and authorize any discussion or exchange of any information needed for the specified time period with the specified person(s) listed below. *Only specify information to be released if you wish to limit the scope of documents covered.*

☐ I have engaged the services of an attorney or law firm and authorize any discussion or exchange of any information needed for the specified time period with the specified person(s) listed below. *Only specify information to be released if you wish to limit the scope of documents covered.*

## Time Period of Information to be released

Calendar Year of this Request: ______

*Select all that apply*

☐ Current Tax Year (the year before the calendar year specified above)

☐ Upcoming Tax Year (calendar year)

☐ Other Tax Years or Other Time Periods: ______

## Information to be released

*Select all that apply*

☐ Income Tax Returns

☐ Both Federal & State ☐ Federal only ☐ State(s) only

☐ Tax Documents (such as W-2's, 1099's, etc.)

☐ All tax documents ☐ Specific tax documents (Please Specify: ______)

☐ Personal Financial Information (financial records, account statements, etc.)

☐ Financial Statements (if a business or other non-individual entity)

**Document Format & Delivery Method**

☐ Electronic Documents (PDF files unless otherwise needed)

☐ Delivery by secure document transfer service ☐ Delivery by digital fax

☐ Physical storage medium (Flash Drive, etc.)

☐ Delivered by mail ☐ Picked up by specified third-party recipient

☐ Paper Copies of documents ☐ Include electronic copy on physical storage medium (Flash Drive, etc.)

☐ Delivered by mail ☐ Picked up by specified third-party recipient

**Third Party Recipient**

Business Name (if applicable): ______

First Name: ______ Last Name: ______

Phone Number: ______ Fax Number (if applicable): ______

Mailing Street Address: ______

City: ______ State: ______ ZIP Code: ______

**Authorization**

I/We authorize **Langley and Associates LLC** to disclose the information indicated above to the specified third party. I/We understand that this consent authorizes the disclosure of all information contained within the specified tax return(s) or documents unless a more limited disclosure has been indicated above. Disclosure of the information described above has been specifically requested as evidenced by the following signature(s).

This consent shall be effective for one year from the date signed, or as specified:

Beginning: ______ Ending: ______

**Client Signature:** ______ **Date:** ______

**Title (if an entity):** ______

**Spouse Signature (if joint):** ______ **Date:** ______