



Authorization to Transfer Client Tax Documents

Records will be transferred electronically for the following client and/or business:

Name of Client/Business _____

Social Security Number/EIN _____

*Federal law requires this consent form be provided to you, however, you are not required to complete this form as Stetzer Accounting provides you a copy of your income tax returns upon filing each year. **Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties** other than the preparation and filing of your tax return.*

If you consent to the disclosure of your tax return documents, Federal law may not protect your tax return information from further use or distribution. If you choose to release your income tax file(s), then you, the client, assume all liability.

Please note: Clients may request a copy of tax return directly from the IRS using Form 4506 and charged \$43 per year requested and 75 day waiting period or use My Tax Account for free transcripts.

Release the following Tax Year(s) ☐ 2025 ☐ 2024 ☐ 2023

Authorized Institution _____

Address _____

City, State, Zip Code _____

Phone Number _____

Fax or Email _____

As evidenced by my signature, I hereby authorize Stetzer Accounting to electronically transfer income tax documents to this authorized institution and I assume all liability. Transmission of electric documents may only be sent directly to the client, law office or financial institution. Allow three business days once the transmission fee is paid. Each year requested is \$25.00

SIGNATURE _____ DATE _____
Client, Business Owner, Power of Attorney, Estate Executor or Legal Guardian