

Release Of Information Consent

Isenhardt Tax & Financial Services 119 West Main Belleville, IL 62220
Ph. 618-234-5958 Fax. 618-234-6839 www.isntax.com



Name On Tax Return: _____
Taxpayer Address: _____
Name Of Preparer: _____

I hereby authorize and consent to the release of my tax information to the person (s) listed below and for the purpose described below. This consent is signed on this _____ day of _____, 20_____ in the city of Belleville, IL.

Taxpayer Signature

PLEASE RELEASE TAX INFORMATION TO: (Name, Address and/or Fax Number)

PURPOSE OF RELEASE:

The taxpayer's tax information may not be disclosed or used by the tax return preparer for any purpose not otherwise permitted under IRS Regulations other than stated in this consent.