

1813 S. Central Ave

Marshfield, WI 54449

715-387-1141

Consent to Release Tax Return Information

Name:	Social Security	/ Number:
I hereby authorize Opie Accoun	ting and Tax, LLC to release the follo	owing requested information.
Copies of my tax return(s) for	the following year(s):	
2011 2010	2009 Copies of W-2's f	for the years listed as well
Other:		
Please release tax return(s) to	Date of I	Expiration:
Name of Company:	Attn:	
Fax Number:	Email Address:	
Deliver to me (Delivery	Preference: Mail Fax F	Email)
Address:	City:	, State:
Zip: Fax Number	:: Email Ad	ldress:
If faxing do you want a call before	ore fax for privacy? Yes, Phone N	umber No
The following three paragraph	ns are required by the IRS to be inc	cluded in this document:
disclose, without your copreparation and filing of		third parties for purposes other than the e disclosure of your tax return information,
services on your consent information, your consent	, your consent will not be valid. If yo	r signature on this form by conditioning our ou agree to the disclosure of the tax return you specify. If you do not specify the
unauthorized by law or		or used improperly in a manner ntact the Treasury Inspector General or Tax by email at complaints@tigta.treas.gov .
Taxpayer Signature	Taxpayer Printed Name	Date
Spouse Signature	Spouse Printed Name	Date