



S. Landau Services

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AUTHORIZATION FOR RELEASE OF CONFIDENTIAL TAX INFORMATION

The information you provide me as a tax client is confidential and not subject to disclosure to anyone other than the taxpayer, IRS or by subpoena of a court of competent jurisdiction.

If you would like this office to allow someone other than you to be permitted to see and discuss your past, present and/or future tax matters, please complete the following form.

Please note that this is not a Power of Attorney. This form does not authorize the named individual(s) to perform any actions on your behalf. For that, you will need to provide this office with a properly executed Power of Attorney.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. 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.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return 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 from the date of signature.

Taxpayer's Name: _____

Joint Taxpayer's Name: _____

I/We hereby authorize Esselles, LLC (dba S Landau Services) to disclose the following information from its files to the individual(s) named below. This authorization is in effect until revoked in writing.

Tax Matters Authorized for Disclosure (please check all that apply):

☐ Current year matters ☐ All prior year matters ☐ All future year matters

☐ Other (please specify): _____

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL TAX INFORMATION
continued

Individual(s) Authorized to Receive Information:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

This authorization is valid for _____ (one year if blank).

Signed,

_____ Signed name	_____ Date	_____ Signed name	_____ Date
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_____ Printed Name	_____ Printed Name
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If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.