

JOSEPH A. MIRANDA LLC
CERTIFIED PUBLIC ACCOUNTANT
300 CHURCH STREET, SUITE 303 · YALESVILLE, CONNECTICUT 06492-2253

TELEPHONE: (203) 265-7851 email: jam@mirandapc.Comcastbiz.net FAX: (203) 265-7852

Date _____

Name _____

Address _____

City, State _____

Re: Taxpayer Consent to Disclose Tax Return Information Pursuant to Treas. Reg. §301.7216-3(a)

You have requested that we provide certain income tax information to a third party.

Internal Revenue Code §7216 generally prohibits any person who is engaged in the business of preparing U.S. income tax returns from using or disclosing information furnished to that individual for the preparation of any such return. Treas. Reg. §301.7216-3(a)(1) provides that such tax return information can be used or disclosed if written consent of the taxpayer is obtained.

This document is intended to provide written consent to disclose your tax return information, as requested by you, for purposes other than the preparation and filing of your tax return.

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

The duration of this consent will be until _____, _____.

You have the right to request a more limited disclosure of tax return information as may be agreed to between you and the indicated third party recipient.

Taxpayer Consent to Disclose Tax Return Information Pursuant to
Treas. Reg. §301.7216-3(a)

We _____ and _____
authorize Joseph A. Miranda, CPA to release a complete copy of our 20____ U.S.
Individual Income Tax Return and supporting schedules to the following third party:

Individual Name: _____
Business Name: _____
Address: _____

Phone: _____ Fax: _____
E-Mail: _____

We authorize the release of the return copy via any one or more of the following
methods. Indicate 'Yes' or 'No' for each method of release.

____ US Mail ____ Email ____ Fax

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.

Taxpayer Signature

Date

Spouse Signature (if joint return)

Date

You must return this signed Consent before we can comply with your request to release a
copy of your income tax return. Return this consent to:

Joseph A. Miranda LLC
300 Church Street, Suite 303
Yalesville, CT 06492-2253