



CONSENT TO DISCLOSE TAX RETURN AND OTHER INFORMATION

Individual(s)	Company(s)
Type of Documents To Disclose	Tax Period(s)
<input type="checkbox"/> Tax Return <input type="checkbox"/> Financial Statements <input type="checkbox"/> Back-Up <input type="checkbox"/> Access to NetClient Portal <input type="checkbox"/> Other _____	Year(s) _____ to _____ <input type="checkbox"/> Access to all years available – Default if using NetClient
Disclose Information To	Type of Entity
	<input type="checkbox"/> Individual <input type="checkbox"/> Corporate <input type="checkbox"/> Banker
Delivery Method	Recipient Mailing Address
<input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Recipient will pick up	
Recipient Phone Number	Recipient E-mail

AUTHORIZATION BY TAXPAYER

By signing below I authorize Miller CPA Group, LLC to disclose my tax return(s) or other information as specified.

Signature: _____ Date: _____

Signature: _____ Date: _____

Federal law requires this consent form to 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 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.

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.