Patrick Thatcher CPA, P.C.
Release of Tax Information Consent

Name: _____
Last First Middle
Address:
_____

_____

Home Phone: (_____) _____-_____ Work Phone: (_____) _____-_____

Email: _____

I hereby authorize the following designated office or person of Patrick Thatcher CPA, P.C. to release the following tax information:

Person Releasing Information: _____

Information to be released: _____

_____

This information may be released to the following institution/individual:

_____

_____

Set time period for the duration of the consent: _____

Note: This consent is in effect for one year from the date of the request if set time period is not provided.

Signature: _____ Date: _____

Mail, FAX, E-mail or deliver the completed form to the designated office or person.

Mailing Address: Patrick Thatcher CPA, P.C.
13020 W. Rancho Santa Fe Blvd Ste 103
Avondale, AZ 85392
Fax: 623.925.2587
E-mail: Admin@thatcherfinancial.com

You are not required to sign this consent. If you sign the consent, federal law may not protect your information from further disclosure. The personal information collected on this form will be used for the purpose of processing your request to share your tax information as instructed above. If you have any questions about the collection and use of this information, contact the designated Department.