

David L. Buterbaugh, P.C.

CERTIFIED PUBLIC ACCOUNTANT

8040 E. Morgan Trail • Suite 15 • Scottsdale, AZ 85258-1211 • 480 905-3640 • FAX 480 905-3642

Consent To Disclose Client Information

Client Name: _____

Tax Return Preparer: _____

Specific Information to be disclosed:

Purpose for the disclosure:

Party to be disclosed to:

I consent to the disclosure of my tax information (as indicated above) for the purpose stated on this form. Please note that this form cannot be signed electronically.

Signature: _____

Client

Date: _____

The tax return information referred to above will not be disclosed or used by the tax return preparer for any purpose other than that stated in this consent.

Signature: _____

Tax return preparer

Date: _____