

TAX RELEASE CONSENT

I/We _____ authorize _____ to
(Name of Taxpayer(s)) (Tax Preparer)

provide tax returns and accompanying schedules to Waller Financial Planning Group for the purpose of ongoing monitoring of my/our financial plan. This consent will remain in effect indefinitely or until further notice is given by the taxpayer.

Please provide tax returns to:

Email: svidosh@waller.com
Fax: 614-457-0911
Mail: Waller Financial Planning Group
941 Chatham Lane Suite 212
Columbus, OH 43221

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 of 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.

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: _____

Taxpayer Signature: _____

Date: _____

