



EVANGELINE GIRON, INC.

2700 Colorado Blvd. Suite 150, Los Angeles, CA 90041

Tel. Nos.: (818) 956-7079; (323) 356-3803

Fax No.: (323) 488-9751 Email: tax@evangelinegiron.net

Request for Copy of Tax Document(s)

Copies of income tax documents are available ONLY for the last three years. **There is a \$15.00 charge (\$30 for Estate/Trust, LLC & Corporation) for each tax year requested.**

Attach a copy of your photo ID with this request for signature identification purposes. (Example, a California driver's license or a California identification card)

Skip this page and proceed to PAGE 2 if the tax documents are to be furnished to a third party.

1. Name shown on tax return. If a joint tax return, enter the name shown first	1a. First social security number or FEIN/ITIN on tax return
2. If a joint tax return, enter spouse's / registered domestic partner's (RDP) name shown on tax return	2a. Second social security number or FEIN/ITIN on tax return
3. Current address (including apt, room, or suite no), city, state and ZIP Code	
4. E-Mail address or Fax number	
5. Tax years requested	6. Telephone number

8. **Signature of taxpayer(s)** – I declare that I am the taxpayer whose name is shown on line 1 or 2. If the request applies to a joint tax return, at least one spouse must sign. If signed by a partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I provided the appropriate authorization to execute this request on behalf of the taxpayer.

Signature: x _____ **Type or print name:** _____

Signature: x _____ **Type or print name:** _____

Date: _____

You must sign this request. If you are an Authorized Representative, we cannot provide you with the requested copies without proper authorization.

If you are not the taxpayer, you must provide appropriate authorization to receive copies of tax documents.

Appropriate authorization includes one of the following:

- A letter signed by the taxpayer authorizing **Evangeline Giron, Inc.** to release the requested material to you.
- A Power of Attorney.
- If the taxpayer is **deceased**, a certified copy of the letters of administration or testamentary dated within the past 12 months. If the letters are more than 12 months old, a clerk of the court must recertify them stating they are still in effect.
- Any officer or employee of the corporation with a written request signed by any principal officer under the corporate seal, if any.
- A letter of testamentary that appoints you as executor.
- A letter of administration that appoints you as administrator.
- A letter of conservatorship that appoints you as conservator.
- A court document that appoints you as trustee.
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If a **bankruptcy** is involved and you are not the taxpayer, you must also provide one of the following:

- A court document appointing you as trustee.
- A letter signed by the trustee authorizing you to receive this material and a copy of the court documents appointing the trustee.

You should receive a response within 10 days.

Client Consent for Disclosure of Information to a Third Party

This form documents your request and gives us your permission to release the specified information to the third party as shown below. Please note that various federal and state laws require that tax preparers obtain the client's written permission in order to comply with the client's request to provide their confidential information to a third party, including discussing the client's activity with a third party.

We must include the following language in order to comply with the applicable laws. Please read the following before signing this release request.

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

This language points out that once your information is disclosed to a third party, neither you nor our firm has any control over what the third party may do with your information. We are not responsible for any unauthorized use or disclosure of your information by the third party after it is released to them.

Both spouses must provide consent if joint information is to be released, or an authorized representative must sign for an entity (i.e. corporation, trust, estate). You will need to provide us with another release form for any subsequent requests to release additional information to this or another third party. Also note that we may bill for the time it takes our staff to copy and assemble the information you are requesting us to release.

As an alternative to you signing this release form to have us provide the requested information directly to the third party, you may request that we simply send you the information needed, via electronic pdf files, so that you can forward it to the third party of your choice. However, if you want us to engage in discussions with the third party, we will need this release form signed by the related parties.

Please indicate below your name(s), the reason for the release, the information you want released, and how you would like us to deliver this information.

Your Name(s): _____
(please print, show both names if joint)

Purpose of Release: _____

(please explain why you want us to release the information)

Identify the information to be released by checking each item that applies:

- Complete Income Tax Return(s)
- Federal (only)
- State (only)
- Limited Information from Income Tax Returns(s) (ie W-2's, 1099's, etc.)
Please specify: _____
- Other: _____

For the tax years or other periods: _____

The information specified above will be released to the third party. **If you elect to have us send you this information so that you can send it to the third party yourself simply indicate your email address below and do not fill out the third party information.**

Name of Third Party Company: _____
Name of Third Party Contact: _____
E-Mail Address or Fax Number: _____

I/We authorize ***Evangeline Giron, Inc.*** to disclose the information indicated above to the specified third party. I/We understand that this consent authorizes the disclosure of all information contained within the specified tax return(s) unless a more limited disclosure has been indicated above. Disclosure of the information described above has been specifically requested as evidenced by the following signature(s).

This consent shall be effective for one year from the date signed or as specified:
Beginning: _____ Ending: _____

Your Signature: _____ Date: _____

Spouse's signature: _____ Date: _____
(if joint)

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.

Please make sure to include a copy of any valid government-issued photo ID with your full name and signature.



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Credit Card Information Form

Please fill out this form and fax it to us. Upon receiving your credit card information, we will process your order right away.

To: EVANGELINE GIRON, INC.

Fax: (323) 488-9751

Email: tax@evangelinegiron.net

From: _____

Phone/Email: _____

Individual:

\$15.00 x _____ (No. of tax years)= \$ _____

Estate/Trust, LLC & Corporation:

\$30.00 x _____ (No. of tax years)= \$ _____

Order ID: _____

Credit Card:

Visa

Master Card

American Express

Discover

Card Number: _____

Card Holder's Name: _____

Expiration Date: _____

Card Security Code: _____

Billing Address: _____

Signature: _____

Date Signed: _____

By signing this form, I confirm that I am the authorized holder of the credit card mentioned above, thus agree to pay the costs involved in the aforementioned item (Order ID).