



The Model Accountant, LLC
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Phone: 305 307-8322 | Fax: 305 423-1058

I, THE UNDERSIGNED, DO SAY AND DECLARE THAT:

Federal law requires this consent form to be provided to you. Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return.

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. 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.

Date: _____ Taxpayer: _____

Print Name: _____ Spouse: _____

PLEASE READ CAREFULLY, SIGN AND RETURN